

EMERGENCY MEDICAL SERVICES AUTHORITY

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March 20, 2015

Mr. Dan Spiess, Chief Executive Officer
Northern California EMS Agency
1890 Park Marina Drive, Suite 200
Redding, CA 96001

Dear Mr. Spiess:

This letter is in response to your 2013 Northern California EMS Agency's EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Northern California EMS Agency's 2013 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Northern California EMS Agency for its 2006, 2010, 2011, and 2012 plan submissions, and most current, its 2013 plan submission.

Northern California EMS Agency received its last Five-Year Plan approval for its 2006 plan submission, and its last annual Plan Update approval for its 2012 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Northern California EMS Agency's 2013 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. ☒ ☐ System Organization and Management

1. System Assessment Form

- Standard 1.09. The current status states inventories are updated. In the next plan submission, please expand on the type of resources listed on the inventory.

2. Table 1 (Minimum Standards/Recommended Guidelines)

- The standards referenced with an asterisk require coordination with other EMS agencies. In the next plan submission, please describe the efforts to coordinate resources and/or services.

B. ☒ ☐ Staffing/Training

C. ☒ ☐ Communications

1. System Assessment Forms

- Standard 3.02. The current status states that all prehospital providers are granted permission to utilize the medical communications system. In the next plan submission, please specify if all emergency medical transport vehicles and non-transport ALS responders have two-way radio communications equipment and if it complies with the local EMS communications plan.
- Standard 3.05. The current status states that physical limitations prevent two-way radio contact between hospitals. In the next plan submission, please indicate which hospitals maintain two-way radio contact.

- Standard 3.06. The current status states that advisory groups provide opportunity to review communications issues. In the next plan submission, please clarify who makes up the advisory groups and explain why Northern California EMS Agency is not conducting the communications linkages review.

Additionally, the current status states that disaster exercise and real events provide review of these linkages. In the next plan submission, please clarify if radio use is routinely part of these exercises, and if communications activities are reviewed by Northern California EMS Agency, or another entity, upon the occurrence of real events.

- Standard 3.08. The current status states that the agency's participation in 9-1-1 public education is minimal, but supportive. In the next plan submission, please expand on Northern California EMS Agency's participation and involvement in 9-1-1 public education activities.

3. Table 4 (Communications)

- Lassen and Sierra Counties. Question 8.c. asks about medical response units being able to communicate on the same disaster communications system. The response provided was "yes;" followed by "County, Fire, MedNet, and CALCORD." In the next plan submission, please clarify if only the County and Fire use MedNet and/or CALCORD as their point of disaster communication. Please also specify what type(s) of communication are used by other response units, and identify those groups.
- Plumas County. Question 8.a. asks about the radio primary frequency used, and "various" was the response provided. In the next plan submission, please expand on this response.

D. ☒ ☐ Response/Transportation

1. System Assessment Forms

- Standard 4.03. The current status states that the agency maintains aircraft dispatch standards. In the next plan submission, please indicate if the agency maintains ground dispatch standards.
- Standard 4.09. The current status states that the region is served by one air provider. In the next plan submission, please indicate if there is a designated dispatch center, and identify who it is.

2. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Northern California EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

1. System Assessment Forms

- Standard 5.03. The current status states that policies identify patients meeting trauma criteria. In the next plan submission, please indicate whether these policies also address specialty care patients in need of higher level of care.
- Standard 5.10. The current status states that pediatric emergency medical and critical care systems have not been developed. In the next plan submission, please include the agency's needs and objective, and associate the objective with a short-/long-term goal and provide the progress on meeting the objective.
- Standard 5.13. The current status states that specialty care plans for specific clinical conditions have not been developed. In the next plan submission, please identify a short-/long-term goal for

meeting the objective and provide the progress on meeting the objective.

F. ☒ ☐ Data Collection/System Evaluation

1. System Assessment Forms

- Standard 6.09. The current status states that the process used in evaluating advanced life support treatment does not include base hospital evaluation. In the next plan submission, please identify a short-/long- range goal for meeting the objective and provide the progress on meeting the objective.
- Standard 6.10. The current status states that trauma centers participate in an electronic trauma data system and that trauma data is reported as required. In the next plan submission, please describe what the trauma system evaluation process entails.

G. ☒ ☐ Public Information and Education

1. System Assessment Form.

- Standard 7.01. The current status states that information is provided on first aid and CPR training, as well as injury and illness prevention efforts. In the next plan submission, please address public promotion of other materials including the understanding of EMS system design and operation, proper access to the system, patient and consumer rights relating to the EMS system, and appropriate utilization of emergency departments.

H. ☒ ☐ Disaster Medical Response

1. System Assessment Forms.

- Standard 8.01. The current status does not address Northern California EMS Agency's participation in the development of medical response plans. In the next plan submission, please identify the agency's current

role in this area, and provide an update on the progress for meeting the identified objective.

- Standard 8.02. There is no description of Northern California EMS Agency's current status; however, the need identified is to improve and update plans and procedures to assist the response capabilities of medical agencies/personnel to catastrophic disasters. In the next plan submission, please include a description of the Agency's current status as it relates to the minimum standard, and provide progress on meeting the established objective.
- Standard 8.03. There is no description of Northern California EMS Agency's current status; however, the need identified is to emphasize the requirement that EMS providers are properly trained for response to hazardous materials incidents. In the next plan submission, include a description of the Agency's current status as it relates to the minimum standard, and provide progress on meeting the established objective.
- Standard 8.06. The current status does not address the establishment of written procedures, and a means for communicating emergency requests to the state. In the next plan submission, please indicate if written procedures are in place to assess local needs, and expand on the means for communicating requests.
- Standard 8.07. The current status states that interagency communication is available through the UHF Med Channel System. In the next plan submission, please specify any additional communications resources used.
- Standard 8.09. The current status states there are no DMAT teams in the region and there is a lack of resources to develop a team. In the next plan submission, please include the agency's needs and objective, and associate the objective with a short-/long-term goal and provide the progress on meeting the objective.

- Standard 8.10. There is no description of Northern California EMS Agency's current status; however, the need identified is to document the existence of current medical mutual aid agreements with its constituent counties. In the next plan submission, please include a description of the Agency's current status as it relates to the minimum standard, and provide progress on meeting the established objective.
- Standard 8.12. There is no description of Northern California EMS Agency's current status; however, the need identified is to develop policy and protocol to include casualty collection points and communication. In the next plan submission, please include a description of the Agency's current status as it relates to the minimum standard, and provide progress on meeting the established objective.
- Standard 8.13. The current status does not address the review of disaster medical training of EMS responders. In the next plan submission, please identify Northern California EMS Agency's current role in this area, and provide an update on the progress for meeting the identified objective.
- Standard 8.15. The current status addresses inter-hospital communications, but no reference to operational procedures. In the next plan submission, please identify these procedures.
- Standard 8.17. The current status does not address whether policies and procedures allow mutual aid responders from other EMS systems to respond and function during significant medical incidents. In the next plan submission, please indicate if the policies and procedures allow for this.

IV. Conclusion:

Based on the information identified, Northern California EMS Agency may implement areas of the 2013 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

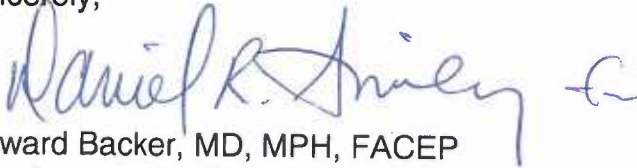
"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Northern California EMS Agency's annual EMS Plan Update will be due on March 20, 2016.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read "Howard Backer", followed by a small flourish.

Howard Backer, MD, MPH, FACEP
Director

Attachment

Northern California EMS Agency
Determination of Exclusivity

ZONE	EXCLUSIVITY			TYPE		LEVEL											
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Glenn County																	
Zone 1		X	Non-Competitive	X					X					X	X		
Zone 2	X																
Lassen County																	
Zone 1		X	Competitive	X				X	X	X			X (ALS)				
Zone 2	X																
Modoc County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Zone 4	X																
Plumas County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Zone 4		X	Non-Competitive	X				X	X								
Zone 5	X																
Sierra County																	
Zone 1	X																
Zone 2	X																
Zone 3	X																
Trinity County																	
Zone 1	X																
Zone 2	X																

Northern California EMS Agency
Determination of Exclusivity

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Zone 3	X																
Zone 4	X																
Zone 5	X																



NORTHERN CALIFORNIA EMS, INC.

1890 Park Marina Dr., Suite 200, Redding, CA 96001
Phone: (530) 229-3979 Fax: (530) 229-3984

September 25, 2014

Lisa Galindo
EMS Systems Plan Coordinator
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Lisa;

I am pleased to submit the Annual EMS Plan in the format of the Five-Year Plan. Thank you for extending the timeline for us, it is very much appreciated. Enclosed with this correspondence is the following:

- Executive Summary for the Nor-Cal EMS Five-Year EMS Plan
- System Assessment Forms
- Tables 1-11 and
- Ambulance Zone Summary Form
- 2014 EMS CQI Program
- 2014 Trauma System Status Report

I look forward to answering any questions or submitting any supplemental information that may be needed.

Sincerely,

Dan Spiess
Chief Executive Officer



NORTHERN CALIFORNIA EMS, INC.

1890 Park Marina Dr., Suite 200, Redding, CA 96001
Phone: (530) 229-3979 Fax: (530) 229-3984

November 19, 2014

Lisa Galindo
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Lisa:

At the Nor-Cal EMS Board of Directors meeting on November 13, 2014, it was moved, seconded and carried (David Allen/Bob Pyle) to approve the Nor-Cal EMS Plan as submitted to the state Emergency Medical Services Authority on September 25, 2014.

Sincerely,

Denny Bungarz
Board Chair

DB:kvd

2013 Nor-Cal EMS Five –Year EMS Plan

Executive Summary

Nor-Cal EMS continued serving as the Local EMS Agency for the six counties of Glenn, Lassen, Modoc, Plumas, Sierra and Trinity during the plan report period. The agency is guided by a Board of Directors consisting of ten individuals. The Board is comprised of six County Board of Supervisors, one from each of the six contracting counties, a Hospital representative, an Ambulance service representative and two At-Large Directors.

Personnel certification and accreditation continue to be conveniently accessible through the agency's website. Because of the distances routinely needed to travel for training and education, the agency has attempted to lessen the burden by offering a limited number continuing education courses through the web and continuing to sponsor the annual Northstate Prehospital Conference each spring. The conference offers seven units of credit for a full day of attendance for a modest sum ranging from \$25 to \$50 depending on outside sponsorships. The evaluation forms collected from attendees provides recommended topics for subsequent conferences. Conferences have been offered for the past ten years and have been met with such success that a Fall Conference is now being offered for the first time this October.

The agency continues to staff the area wide Communication Coordination Committee that meets quarterly to address any communication coordination issues. The agency's policies continue to provide standing orders for situations in which radio communications are limited to mountainous terrain or other physical limitations. Although desirable, implementation of EMD in dispatch centers is handicapped by costs, both initial and ongoing.

The transportation plan includes three exclusive operating areas. Two services have been grandfathered and a third has been bid competitively. The competitively bid zone will be bid again in early 2015.

All transport agencies, several nontransport agencies and each hospital in the region have signed contracts with the agency with commitment to maintaining compliance with local policies, state regulations and law. This includes sixteen transport agencies, fifty-five nontransport agencies and each of the eight acute care hospitals. Prehospital providers have been assigned a base hospital, under contract for on line medical control and continuing education.

The agency continues its trauma system with two of its eight hospitals designated. Strong movement is underway to designate a third facility and as staffing changes settle a fourth hospital has expressed interest.

The agency's recent efforts and future emphasis will continue to be advancing its Continuous Quality Improvement activities. This has been enhanced by the full participation of all transport agencies utilizing an electronic Patient Care Record system and the implementation of a revised agency CQI Plan.

Nor-Cal has been compliant in submitting CEMSIS/NEMSIS EMS, Trauma and Core Measures data.

As part of California OES Region III, Nor-Cal EMS has begun working collaboratively with Sierra-Sacramento Valley EMS in regards to multi-casualty incident (MCI) events, the utilization of hospital control facilities and Hospital Preparedness (HPP) grants. This includes coordinated

efforts with the Regional Disaster Medical Health Specialist (RDMHS).

ICS is mandatory for all provider certifications and re-certifications. The OES Region III MCI Plan has been updated and aligned with the OES Region IV MCI Plan and is National Incident Management System (NIMS) compliant. Regional training has been conducted and is available online at the Nor-Cal EMS website.

Details of these and other agency responsibilities are contained in the Assessment Forms, Tables and Ambulance Zone summary Forms.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director			X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants			X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction			X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				X
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan*			X		
3.02	Radios			X		
3.03	Inter-facility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*			X		
4.02 Monitoring			X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Inter-county Response*		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing			X		
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities			X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design	X				
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design	X				X
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program			X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X			
6.04 Medical Dispatch	X				
6.05 Data Management System*		X			
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			X
8.02	Response Plans		X			X
8.03	HazMat Training		X		X	
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*	X				X
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			X
8.14	Hospital Plans		X			
8.15	Inter-hospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE BOARD COMPOSITION HAS BEEN STRUCTURED TO INCLUDE A SUPERVISOR REPRESENTATIVE FROM EACH CONTRACTING COUNTY, A HOSPITAL AND AMBULANCE REPRESENTATIVE AND TWO MEMBERS AT-LARGE. A MEDICAL ADVISORY COMMITTEE MEETS BI-MONTHLY TO REVIEW POLICIES, PROTOCOLS AND PROVIDE DIRECTION TO THE MEDICAL DIRECTOR AND CLINICAL STAFF..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS SYSTEM EVALUATION IS ONGOING THROUGH A NUMBER OF METHODS INCLUDING BROAD DIRECTION FROM THE BOARD OF DIRECTORS, THE MEDICAL ADVISORY COMMITTEE AND SPECIFIC QI REVIEWS. THE AGENCY HAS FULL PARTICIPATION IN EPCR SYSTEMS BY EACH TRANSPORT PROVIDER AND IS COMPLIANT WITH CORE MEASURES AND NEMSIS DATA SUBMITTALS

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY'S BOARD HAS ALWAYS MAINTAINED PARTICIPATION BY AT LARGE DIRECTORS WHO REPRESENT CONSUMER INTERESTS. METHODS ARE IN PLACE TO FIELD CONCERNS BY CONSUMERS WHO HAVE ISSUE WITH SYSTEM OPERATIONS. AS WELL, STAFF PARTICIPATES IN COUNTY EMCC MEETINGS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINE

THE AGENCY'S MEDICAL DIRECTOR HAS HAD A VAST EXPERIENCE IN EMERGENCY DEPARTMENT MEDICINE, IS ACTIVE IN EMDAC AND SERVES ON THE EMS COMMISSION. HE IS ADVISED BY A MEDICAL ADVISORY COMMITTEE COMPRISED OF PROVIDERS THROUGHOUT THE REGION THAT INCLUDES EDUCATORS, PREHOSPITAL PROVIDERS, HOSPITAL PERSONNEL AND WHEN SCHEDULES PERMIT, PHYSICIANS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THIS STANDARD IS BEING MET BY THE COMPLETION AND SUBMITTAL AND APPROVAL OF THIS PLAN.

NEED(S):

OBJECTIVE

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE PLAN IS FORMALLY UPDATED WHEN REQUESTED AND REQUIRED BY THE AUTHORITY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY HAS DEVELOPED A TRAUMA PLAN THAT WAS ORIGINALLY APPROVED IN 1988. THE PLAN WAS APPROVED AS RECENTLY AS 2013 AND IS BEING UPDATED WITH THIS SUBMITTAL.

NEED(S): TO WORK WITH NON-DESIGNATED HOSPITALS TO BECOME DESIGNATED AS TRAUMA CENTERS.

OBJECTIVE: WORK CLOSELY WITH NON DESIGNATED HOSPITALS AND THE FLEX PROGRAM TO OBTAIN FUNDING FOR TRAINING, EDUCATION AND OTHER PREPARATORY STEPS TO MEET DESIGNATION CRITERIA.

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS PREHOSPITAL CONTRACTS WITH ALL ALS PREHOSPITAL AGENCIES IN THE REGION, BOTH TRANSPORT AND NON-TRANSPORT AGENCIES. ONE AREA, IN AN EXTREME REMOTE PORTION OF THE REGION IS THE REMAINING TRANSPORT AGENCY PROVIDING BLS SERVICE.

COORDINATION WITH OTHER EMS AGENCIES: FOUR AREAS OF THE REGION ARE LOGICALLY SERVED BY BASE HOSPITALS LOCATED OUT OF AREA. ARRANGEMENTS ARE IN PLACE FOR SERVICES TO UTILIZE THOSE FACILITIES AS THEIR BASE HOSPITAL. BASE HOSPITAL AGREEMENTS ARE IN PLACE WITH THOSE HOSPITALS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

INVENTORIES ARE UPDATED AS SITE INSPECTIONS ARE PERIODICALLY CONDUCTED, AS PREHOSPITAL STATUSES ARE CHANGED AND AS FACILITY RESOURCE CAPABILITIES CHANGE. THESE CHANGES ARE RECORDED OFTEN MORE FREQUENTLY THAN ANNUALLY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: MEETS MINIMUM STANDARD

FOR THE PAST TEN YEARS THE AGENCY HAS CONDUCTED THE NORTHSTATE PREHOSPITAL CARE CONFERENCE ATTENDED BY BOTH PREHOSPITAL AND HOSPITAL PERSONNEL. ATTENDANCE IS CUSTOMARILY IN THE RANGE OF 200 REGISTRANTS. TOPICS PRESENTED HAVE INCLUDED PEDIATRIC CONSIDERATIONS, "SPECIAL NEEDS PATIENTS" INCLUDING DIAYSIS PATIENTS, HOME INFUSION THERAPY PATIENTS AND LEFT VENTRICULAR ASSIST DEVICE PATIENTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

THE AGENCY MAINTAINS PROVIDER AGREEMENTS WITH ALL TRANSPORT AGENCIES BOTH GROUND AND AIR. THESE INCLUDE ALS AND BLS TRANSPORT AND AGENCIES. THE AGENCY ALSO MAINTAINS AGREEMENTS WITH NON-TRANSPORT AGENCIES THAT INCLUDE ALS, BLS AND AED/KING AIRWAY AGREEMENTS. THE AGENCY ALSO MAINTAINS EITHER A BASE HOSPITAL OR ALTERNATIVE BASE HOSPITAL OR RECEIVING HOSPITAL CONTRACT WITH EACH OF THE EIGHT HOSPITALS IN THE REGION. TWO OF THE HOSPITALS ALSO HAVE A TRAUMA CENTER CONTRACTs WITH THE AGENCY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY MONITORS SYSTEM OPERATIONS IN A NUMBER OF WAYS. WITH THE UTILIZATION OF AN ELECTRONIC PCR FORM BY EACH OF THE REGIONS TRANSPORT AGENCIES WE NOW HAVE THE ABILITY TO REVIEW INDIVIDUAL RUNS INDEPENDENTLY. THIS HAS ASSISTED IN CONDUCTING INVESTIGATIONS ORIGINATING FROM THE FILING OF AN UNUSUAL OCCURRENCE REPORTS AND ITS FOLLOW UP.

ON SITE MONITORING OR PREHOSPITAL OPERATIONS IS ASSISTED BY PERIODIC ON SITE INSPECTIONS OF PREHOSPITAL PROVIDER AGENCIES, HOSPITAL SITE VISITS AND DESIGNATED TRAUMA CENTER VISITS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

USING A VARIETY OF METHODS, INCLUDING AGREEMENT COMPLIANCE WITH PRE-HOSPITAL PROVIDERS AND HOSPITALS, WORKING CLOSELY WITH THE AGENCY'S MEDICAL ADVISORY COMMITTEE, ITS BOARD OF DIRECTORS, LOCAL EMERGENCY MEDICAL CARE COMMITTEES, OTHER LOCAL PROVIDER GROUPS AND A REGIONAL COMMUNICATIONS COORDINATING COMMITTEE, THE AGENCY COORDINATES EMS SYSTEM OPERATIONS.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY MAINTAINS A POLICY AND PROCEDURE MANUAL THAT IS UPDATED ON A CONTINUOUS BASIS. THE MEDICAL ADVISORY COMMITTEE MEETS BI-MONTHLY TO REVIEW AND AMEND SELECTED POLICIES. THE POLICIES ARE THEN POSTED TO THE AGENCY'S WEBSITE FOR COMMENT BEFORE BEING FINALIZED AND MADE A PART OF THE POLICY MANUAL. POLICIES, IN THEIR ENTIRETY ARE MADE AVAILABLE ON THE AGENCY'S WEBSITE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THESE FUNCTIONS ARE FULFILLED BY WORKING CLOSELY WITH INDIVIDUAL PROVIDER AGENCIES AND FACILITIES AND BY MEETING WITH THE MEDICAL ADVISORY COMMITTEE AND OTHERS. AMBULANCE SERVICES, NON-TRANSPORT AGENCIES AND HOSPITALS ENTER INTO AN AGREEMENT IN WHICH THEY AGREE TO ABIDE BY LOCAL POLICIES, PROTOCOLS AND STATE REGULATIONS AND STATUTES. WE ARE MADE AWARE OF NEEDED ACTIONS BY THE REVIEW OF QI REPORTS, PATIENT CARE FORMS OR COMPLAINTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

WITH THE DEPARTURE OF KEY LARGE COUNTIES, THE AGENCY HAS MADE TRANSITIONAL ADJUSTMENTS TO ALIGN REVENUES WITH EXPENSES. REVENUES AND EXPENSES ARE CURRENTLY IN LINE WITH STRATEGIES IN PLACE TO INCREASE REVENUES. AS A MUTI-COUNTY AGNECY ELEGIBLE FOR STATE GENERAL FUNDING, THE AGENCY RELIES HEAVILY ON THESE FUNDS. THE GENERAL FUND ALLOCATION TO REGIONAL AGENCIES HAS NOT INCREASED IN SEVERAL YEARS WHILE RESPONSIBLITES AND REPORTING REQUIREMENTS HAVE.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

MEDICAL CONTROL IS WELL DEFINED AND FUNCTIONS WELL. EACH ALS TRANSPORT AGENCY AND BLS TRANSPORT AGENCY ALONG WITH EACH NON-TRANSPORT ALS AGENCY IS ASSIGNED A BASE HOSPITALS OR ALTERNATIVE BASE STATION. THESE FACILITIES PROVIDE ON-LINE MEDICAL CONTROL. PROTOCOLS ARE FOLLOWED IN THE EVENT OF RADIO FAILURE.

IN THE REMOTE AND WILDERNESS AREA THE AGENCY SERVES, THE OPTIMAL NUMBER AND ROLE OF HOSPITALS IS LOGICALLY DEFINED. WITH THE EXCEPTION OF BYPASSING A FACILITY FOR MORE DEFINITIVE TRAUMA CARE, THE CLOSEST HOSPITAL IS THE CUSTOMARY DESTINATION AND THEREFORE THEIR PARTICIPATION IS REQUIRED FOR MEDICAL CONTROL AND AS THE RECEIVING FACILITY. IN OUR 16,000 SQUARE MILE AREA THERE ARE EIGHT HOSPITALS, EACH A CRITICAL ACCESS HOSPITAL. EACH HOSPITAL ON AVERAGE THEN COVERS AN AREA OF 2000 SQUARE MILES MAKING EACH FACILITY A CRITICAL COMPONENT ON THE EMS SYSTEM.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: MEETS MINIMUM STANDARD

CQI EFFORTS IN THE REGION INCLUDE OVERSIGHT BY THE AGENCY'S MEDICAL DIRECTOR AND CLINICAL STAFF, BASE HOSPITALS, ALTERNATIVE BASE HOSPITALS AND PROVIDERS. A SKILLS USAGE FORM IS PRESENTLY BEING USED TO RECORD LOW VOLUME AND HIGH RISK INTERVENTIONS. THESE REPORTS ARE PROVIDED TO THE AGENCY (NOR-CAL). THE DATA ON THE FORM IS USED TO DETERMINE ELEMENTS OF SYSTEM EFFECTIVENESS. MORE RECENTLY THE AGENCY HAS ACCESS TO EPCRS UTILIZED BY EACH TRANSPORT AND SEVERAL NON-TRANSPORT AGENCIES. CORE MEASURES DATA WILL PROVIDE FURTHER CQI OPPORTUNITIES.

EACH ALS AND BLS PRE-HOSPITAL PROVIDER IS REQUIRED TO SUBMIT A CQI PLAN TO THE AGENCY. ALL ALS PROVIDERS HAVE COMPLIED AND OVERALL COMPLIANCE IS APPROXIMATELY 90%.

NEED(S): CQI PLAN SUBMISSIONS FROM ALL PROVIDERS

OBJECTIVE: TO OBTAIN 100% SUBMITTAL COMPLIANCE OF CQI PLANS FROM PREHOSPITAL PROVIDERS

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES: MEETS MINIMUM STANDARD

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY HAS DEVELOPED AN EXTENSIVE POLICY AND PROCEDURE MANUAL THAT ADDRESSES THESE SUBJECTS. THE IMPLEMENTATION OF PRE-ARRIVAL/POST DISPATCH INSTRUCTIONS (EMD) HAS BEEN LIMITED BY COST CONSIDERATIONS. EVEN THE LARGEST DISPATCH AGENCY IN THE EXTREME NORTHSTATE, SERVING A SINGLE COUNTY WITH A LARGER THAN THAT OF THE ENTIRE SIX COUNTY NOR-CAL REGION, WAS ABLE TO IMPLEMENT EMD ONLY BY MEANS OF A SPECIFIC GRANT FROM AN OUTSIDE AGENCY. AS PREVIOUSLY STATED, THESE POLICIES ARE REVIEWED IN SELECTIVE ORDER ON A BI-MONTHLY BASIS FOR THEIR RELEVANCE AND POSSIBLE AMENDMENT.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE "DO NOT RESUSCITATE" DNR POLICY RESIDES IN THE NOR-CAL POLICY MANUAL.AS POLICY #302

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE DETERMINATION OF DEATH POLICY RESIDES IN THE NOR-CAL POLICY MANUAL AS POLICY #301.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL POLICY #802 REQUIRES THAT A MECHANISM EXISTS TO REPORT, CHILD ABUSE, ELDER ABUSE AND SUSPECTED SIDS DEATHS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL POLICIES DEFINE THE PREHOSPITAL CARE PERSONNEL SCOPE OF PRACTICE WHETHER CARING FOR A PATIENT IN AN INITIAL TRANSPORT TO A FACILITY OR IN AN INTERFACILITY TRANSFER. ADDITIONALLY, OPTIONAL SCOPE CAN BE PERFORMED BY PARAMEDICS ON BOTH EMERGENCY CALLS AND IFTS. AN EXAMPLE IS BLOOD TRANSFUSION WHICH IS IN LOCAL OPTIONAL SCOPE BUT NOT ALL LEMSAS INCLUDE IT.

FOR A SCOPE OF PRACTICE BEYOND THAT LEVEL, NURSING PERSONNEL ARE UTILIZED AND OPERATE UNDER THE MEDICAL CONTROL OF THE SENDING PHYSICIAN..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: MEETS MINIMUM STANDARD AND RECOMMENDED GUIDELINES

NOR-CAL EMS MAINTAINS A WRITTEN PROVIDER AGREEMENT WITH EACH ALS PROVIDER AGENCY. THERE EXISTS EMSA APPROVED EXCLUSIVE OPERATING AREAS IN TWO AMBULANCE ZONES THAT HAVE BEEN GRANDFATHERED AND ONE AMBULANCE ZONE THAT HAS BEEN COMPETETIVELY BID.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

UTILIZING PHYSICIANS AND MICNS, THE NOR-CAL EMS REGION HAS EIGHT ACUTE CARE FACILITIES. EACH OF THESE PROVIDE ON LINE VOICE MEDICAL CONTROL. THE MEDICAL CONTROL FACILITY IS DETERMINED BY THE PROXIMITY TO THE PREHOSPITAL PROVIDER AGENCY AND THE ROUTINE DESTINATION OF THE PATIENT. FOUR HOSPITALS OUT-OF- AREA PROVIDE MEDICAL CONTROL FOR IN- AREA PROVIDERS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE NOR-CAL EMS TRAUMA PLAN WAS FIRST APPROVED IN 1988. CHALLENGES OF THE SYSTEM DEAL WITH LOW VOLUME AND EXTENDED TRANSPORT TIMES, WHICH ARE COMPOUNDED IN WINTER MONTHS. WITHIN THE SIX COUNTY AREA THERE ARE EIGHT ACUTE HOSPITALS, EACH A CRITICAL ACCESS HOSPITAL. TWO FACILITIES HAVE BEEN DESIGNATED LEVEL IV TRAUMA CENTERS. THERE ARE NO HOSPITALS IN THE AREA THAT MEET LEVEL I OR II DESIGNATION CRITERIA.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY HAS DEVELOPED EMERGENCY DEPARTMENT "EMS FOR CHILDREN GUIDELINES", AND HAS DEVELOPED POLICIES ADDRESSING A PEDIATRIC DRUG FORMULARY, DESTINATION POLICY, PEDIATRIC INTEROSSEOUS, PEDIATRIC ALTERED NEURO FUNCTION AND PEDIATRIC PROTOCOLS AND ASSESSMENT.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

AN EXCLUSIVE AREA HAS BEEN APPROVED IN LASSEN COUNTY WHICH WAS COMPETITIVELY BID IN 2005. A PLAN AND RFP PROCESS IS CURRENTLY BEING DEVELOPED FOR REBIDDING IN 2015. , GRANDFATHERED EOAS HAVE BEEN APPROVED IN PLUMAS COUNTY .AND GLENN COUNTY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY MAINTAINS A MEDICAL ADVISORY COMMITTEE WITH REPRESENTATIVES FROM AREA TRAINING INSTITUTIONS PROVIDING OPPORTUNITIES FOR TRAINING NEED ASSESSMENT. ADDITIONALLY, THE AGENCY HAS A CADRE OF FIRST RESPONDER INSTRUCTORS WHO REMAIN ACTIVE IN OFFERING THE DOT FIRST RESPONDER COURSE TO THOSE WHO CANNOT AFFORD TIME FOR AN EMT BASIC COURSE.

AS PART OF THE ANNUAL NORTHSTATE CONFERENCE HOSTED BY NOR-CAL EMS, AN EVALUATION COMPONENT COMPLETED BY EACH REGISTRAT SURVEYS TOPICS THE REGISTRANTS WOULD LIKE TO HAVE PRESENTED. THIS BECOMES THE BASIS OF TOPICS FOR THE NEXT YEAR'S CONFERENCE. CONFERENCES HAVE BEEN PRESENTED FOR TEN CONSECUTIVE YEARS IN THE SPRING. DUE TO THE CONFERENCE'S POPULARITY, 200 INDIVIDUALS ROUTINELY ATTEND, THIS YEAR AN ADDITIONAL CONFERENCE IS BEING OFFERED IN THE FALL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

ALL EMS EDUCATION PROGRAMS IN THE REGION, INCLUDING EMT, AEMT, MICN AND PARAMEDIC PROGRAMS AS WELL AS CONTINUING EDUCATION PROGRAMS ARE APPROVED BY THE AGENCY IN COMPLIANCE WITH REGULATION. THE APPLICATION PROCESS ENSURES THAT THE PROGRAM HAS THE RESOURCES NECESSARY TO PROVIDE HIGH QUALITY INSTRUCTION. PROGRAM APPROVALS ARE FOR A TWO-YEAR PERIOD, AT WHICH TIME THEY ARE REEVALUATED AND CONSIDERED FOR RENEWAL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS COMPLIANCE WITH REGULATORY CERTIFICATION REQUIREMENTS INCLUDING DISCIPLINARY REPORTING REQUIREMENTS. A SPECIFIC UNUSUAL OCCURRENCE REPORT FORM IS PROVIDED BY THE AGENCY AND IS AVAILABLE TO THOSE WITHIN THE EMS SYSTEM AS WELL AS INTERESTED MEMBERS OF THE PUBLIC. AGENCY POLICY REQUIRES PROVIDER AGENCIES TO REPORT OCCURENCES THAT COULD IMPLACT CERTIFICATION.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

THE EMD GUIDELINES STATE THAT THEY . . . " WERE DEVELOPED TO PROVIDE A CONSISTENT, STATEWIDE STANDARD FOR EMERGENCY MEDICAL DISPATCH AGENCIES AND DISPATCHERS THAT CHOOSE TO IMPLEMENT AN EMD PROGRAM. " IN OUR REGION THE AFFORDABILITY OF OBTAINING EMD TRAINING AND MAINTAINING THAT TRAINING HAS PREVENTED ITS IMPLEMENTATION. A SINGLE ADJOINING COUNTY WITH A POPULATION NEARLY TWICE THAT OF OUR AREA WAS ABLE TO IMPLEMENT EMD ONLY THROUGH A GRANT FROM A LOCAL FOUNDATION.

NEED(S): TO IMPLEMENT EMD TRAINING

OBJECTIVE: TO DETERMINE FUNDING ASSISTANCE FOR EMD TRAINING FOR AREA MEDICAL DISPATCH PERSONNEL

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: MEETS MINIMUM STANDARD

ALL FIRST RESPONDER PERSONNEL, WHO ARE REQUIRED TO MEET PUBLIC SAFETY TRAINING STANDARDS, MEET THE MINIMUM STANDARD. MANY, BUT NOT ALL FIRST RESPONDER AGENCIES MAINTAIN PERSONNEL TRAINED TO PROVIDE DEFIBRILLATION AND MAINTAIN NECESSARY EQUIPMENT TO DO SO (AEDS). SOME FIRST RESPONDER AGENCIES MAINTAIN EMT PERSONNEL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

PUBLIC SAFETY AGENCIES, SPECIFICALLY PAID VOLUNTEER FIRE DEPARTMENTS ARE EXTREMELY ACTIVE IN RESPONDING TO MEDICAL EMERGENCIES. THE AGENCY MAINTAINS CONTRACTS WITH FIFTY-FIVE NON TRANSPORT AGENCIES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL POLICIES ADDRESS PROSPECTIVE MEDICAL DIRECTION OF ALL LEVELS OF CERTIFIED AND LICENSED PERSONNEL, BLS AND ALS, IN THE PREHOSPITAL AND ITF SETTING. DISCIPLINARY ACTIONS CAN BE TAKEN IF POLICIES ARE NOT FOLLOWED. AS STATED PREVIOUSLY, THE AGENCY MAINTAINS CONTRACTS WITH FIFTY-FIVE NON TRANSPORT (FIRST RESPONDER) AGENCIES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: MEETS MINIMUM STANDARD

EACH AMBULANCE SERVICE IN THE AREA MAINTAINS AT LEAST ONE PERSONNEL TRAINED AT THE EMT LEVEL. OF THE SIXTEEN AMABULANCE SERVICES IN THE REGION ONLY ONE OPERATES AT THE BLS LEVEL.

AS PERMITTED BY TITLE 13, THREE AMBULANCE SERVICES OPERATE OR PROPOSE TO OPERATE UNDER THE EMT DRIVER EXEMPTION. THESE ARE EXTREMELY LOW VOLUME AND EXTREMELY RURAL SERVICES WITH ANNUAL CALL VOLUMES OF 75, 43 AND 88. THE EXEMPTIONS WILL PROVIDE TIME FOR PERSONNEL TO OBTAIN EMT TRAINING WITHIN A ONE YEAR PERIOD. PATIENT CARE PERSONNEL FUNCTION AT EITHER THE EMT, AEMT OR PARAMEDIC LEVEL IN THESE SERVICES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

ALL PERSONNEL PROVIDING DIRECT EMERGENCY PATIENT CARE MUST MEET PUBLIC SAFETY TRAINING STANDARDS. THIS INCLUDES CPR TRAINING. ALL PERSONNEL DISPATCHED THROUGH A PSAP MEET THIS TRAINING LEVEL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THROUGH TRAUMA CENTER DESIGNATION AND THE AVAILABILITY OF ATLS TRAINING OPORTUNITIES EMERGENCY DEPARTMENT PERSONNEL ARE AND WILL BE ADVANCED TRAINED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

AS A PART OF THE ACCREDITATION PROCESS TESTING IS CONDUCTED TO ORIENT PERSONNEL TO SYSTEM POLICIES AND PROCEDURES. ADDITIONALLY, ALL ALS PROVIDERS ARE REQUIRED AND HAVE SUBMITTED THEIR PROVIDER CQI PLAN TO THE AGENCY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS SEPARATE PROVIDER AGREEMENTS FOR NON TRANSPORT PROVIDERS UTILIZING AEDS, AEDS AND KING AIRWAY AND THOSE NON TRANSPORT AGENCIES PROVIDING ALS CARE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY APPROVES MICN TRAINING PROGRAMS AND ACCREDITS THOSE COMPLETING THE COURSE. CURRICULUM INCLUDES AGENCY POLICIES, PROTOCOLS AND RADIO USE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL PLAN FOR EMS COMMUNICATIONS. THE PLAN SHALL SPECIFY THE MEDICAL COMMUNICATIONS CAPABILITIES OF EMERGENCY MEDICAL TRANSPORT VEHICLES, NON-TRANSPORTING ADVANCED LIFE SUPPORT RESPONDERS, AND ACUTE CARE FACILITIES AND SHALL COORDINATE THE USE OF FREQUENCIES WITH OTHER USERS.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S COMMUNICATIONS PLAN SHOULD CONSIDER THE AVAILABILITY AND USE OF SATELLITES AND CELLULAR TELEPHONES.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

THE AGENCY ACTIVELY PARTICIPATES AND COORDINATES THE REGIONAL COMMUNICATION ADVISORY AND PLANNING COMMITTEE, WHICH CONVENES QUARTERLY. THE FOCUS OF THE GROUP IS TO COORDINATE FREQUENCIES ADDRESS COMMUNICATION ISSUES AND SERVE AS A SOUNDING VENUE FOR COMMUNICATIONS USERS.

SATELLITE COMMUNICATIONS ARE PERMITTED IN THE SYSTEM.

HANDHELD RADIOS HAVE BEEN DISTRIBUTED TO COUNTIES FOR RAPID DEPLOYMENT IN THE EVENT OF A MASS CASUALTY EVENT.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

EMERGENCY MEDICAL TRANSPORT VEHICLES AND NON-TRANSPORTING ADVANCED LIFE SUPPORT RESPONDERS SHALL HAVE TWO-WAY RADIO COMMUNICATIONS EQUIPMENT WHICH COMPLIES WITH THE LOCAL EMS COMMUNICATIONS PLAN AND WHICH PROVIDES FOR DISPATCH AND AMBULANCE-TO-HOSPITAL COMMUNICATION.

RECOMMENDED GUIDELINES:

EMERGENCY MEDICAL TRANSPORT VEHICLES SHOULD HAVE TWO-WAY RADIO COMMUNICATIONS EQUIPMENT THAT COMPLIES WITH THE LOCAL EMS COMMUNICATIONS PLAN AND THAT PROVIDES FOR VEHICLE-TO-VEHICLE (INCLUDING BOTH AMBULANCES AND NON-TRANSPORTING FIRST RESPONDER UNITS) COMMUNICATION.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

ALL PREHOSPITAL PROVIDERS ARE GRANTED PERMISSION TO UTILIZE THE MEDICAL COMMUNICATIONS SYSTEM AND MAINTAIN TWO-WAY COMMUNICATIONS EQUIPMENT PERMITTING VEHICLE TO VEHICLE AND VEHICLE TO HOSPITAL COMMUNICATIONS. SUPPLEMENTING THE TWO-WAY COMMUNICATIONS ARE SATELLITE AND CELL PHONE DEVICES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

EMERGENCY MEDICAL TRANSPORT VEHICLES USED FOR INTERFACILITY TRANSFERS SHALL HAVE THE ABILITY TO COMMUNICATE WITH BOTH THE SENDING AND RECEIVING FACILITIES. THIS COULD BE ACCOMPLISHED BY CELLULAR TELEPHONE.

RECOMMENDED GUIDELINES:

NONE.

CURRENT STATUS: MEETS MINIMUM STANDARD

TRANSPORT VEHICLES UTILIZED BY APPROVED PROVIDERS, WHICH ARE ALL TRANSPORT AGENCIES IN THE REGION, UTILIZE TWO WAY COMMUNICATIONS MEETING THIS STANDARD.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

ALL EMERGENCY MEDICAL TRANSPORT VEHICLES WHERE PHYSICALLY POSSIBLE, (BASED ON GEOGRAPHY AND TECHNOLOGY), SHALL HAVE THE ABILITY TO COMMUNICATE WITH A SINGLE DISPATCH CENTER OR DISASTER COMMUNICATIONS COMMAND POST.

RECOMMENDED GUIDELINES:

NONE.

CURRENT STATUS: MEETS MINIMUM STANDARD

SUBJECT TO CERTAIN AREAS IN THE "SHADOW" OF MOUNTAIN, THIS STANDARD IS MET. THESE SAME PHYSICAL BARRIERS LIMIT IN CERTAIN INSTANCES COMMUNICATION WITH THE "DISASTER CONTROL FACILITIES".

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

ALL HOSPITALS WITHIN THE LOCAL EMS SYSTEM SHALL (WHERE PHYSICALLY POSSIBLE) HAVE THE ABILITY TO COMMUNICATE WITH EACH OTHER BY TWO-WAY RADIO.

RECOMMENDED GUIDELINES:

ALL HOSPITALS SHOULD HAVE DIRECT COMMUNICATIONS ACCESS TO RELEVANT SERVICES IN OTHER HOSPITALS WITHIN THE SYSTEM (E.G., POISON INFORMATION, PEDIATRIC AND TRAUMA CONSULTATION).

CURRENT STATUS: MEETS MINIMUM STANDARD

PHYSICAL LIMITATIONS PREVENT TWO WAY RADIO CONTACT BETWEEN HOSPITALS. THE LIMITING FACTORS ARE THE VASTNESS OF THE REGION AT 16,000 SQUARE MILES AND THE INABILITY OF RADIO WAVES TO "WRAP AROUND" MOUNTAINOUS TERRAIN. HOWEVER, THE UTILIZATION OF EMS SYSTEMS, A WEB BASED STATUS SYSTEM ACCESSED BY EACH HOSPITAL, PROVIDER AGENCY, COUNTY HEALTH DEPARTMENT AND OTHERS PROVIDES THE POSTING OF RESOURCE AVAILABILITY FOR SYSTEM USERS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL REVIEW COMMUNICATIONS LINKAGES AMONG PROVIDERS (PRE-HOSPITAL AND HOSPITAL) IN ITS JURISDICTION FOR THEIR CAPABILITY TO PROVIDE SERVICE IN THE EVENT OF MULTI-CASUALTY INCIDENTS AND DISASTERS.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

WHILE THE AGENCY NO LONGER MAINTAINS THE REGION-WIDE UHF COMMUNICATIONS SYSTEM, THE SYSTEMS OF ADVISORY GROUPS PROVIDE OPPORTUNITY TO REVIEW COMMUNICATIONS ISSUES INCLUDING MULTI-CASUALTY EVENTS. HANDHELD RADIOS HAVE BEEN DISTRIBUTED TO COUNTIES FOR RAPID DEPLOYMENT IN THE EVENT OF A MASS CASUALTY EVENT. ADDITIONALLY, DISASTER EXERCISES AND REAL EVENTS PROVIDE REVIEW OF THESE LINKAGES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL PARTICIPATE IN ONGOING PLANNING AND COORDINATION OF THE 9-1-1 TELEPHONE SERVICE.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY SHOULD PROMOTE THE DEVELOPMENT OF ENHANCED 9-1-1 SYSTEMS.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE AGENCY WORKS WITH DISPATCH CENTERS AND PROVIDER AGENCIES TO BE CERTAIN THE MOST APPROPRIATE AND CLOSEST PROVIDERS ARE DISPATCHED TO THE EMERGENCY SCENE. THE AGENCY ALSO WORKS WITH THESE AGENCIES TO BE CERTAIN THAT PROCEDURES ARE IN PLACE TO DISPATCH ALTERNATIVE RESOURCES IN THE EVENT OF SEVERE WEATHER CONDITIONS THAT MIGHT IMPACT NORMAL TRAVEL TIMES..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL BE INVOLVED IN PUBLIC EDUCATION REGARDING THE 9-1-1 TELEPHONE SERVICE AS IT IMPACTS SYSTEM ACCESS.

RECOMMENDED GUIDELINES: NONE.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY'S PARTICIPATION IN 9-1-1 PUBLIC EDUCATION IS MINIMAL BUT SUPORTIVE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL ESTABLISH GUIDELINES FOR PROPER DISPATCH TRIAGE THAT IDENTIFIES APPROPRIATE MEDICAL RESPONSE.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY SHOULD ESTABLISH A EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM, INCLUDING SYSTEMIZED CALLER INTERROGATION, DISPATCH TRIAGE POLICIES, AND PRE-ARRIVAL INSTRUCTIONS.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS POLICIES ADDRESSING EMD PROGRAM REQUIREMENTS, HOWEVER THERE ARE NO EMD DISPATCH CENTERS IN THE REGION. THE AGENCY MAINTAINS POLICIES ADDRESSING THE APPROPRIATE USE OF AIRCRAFT..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

THE LOCAL EMS SYSTEM SHALL HAVE A FUNCTIONALLY INTEGRATED DISPATCH WITH SYSTEM-WIDE EMERGENCY SERVICES COORDINATION, USING STANDARDIZED COMMUNICATIONS FREQUENCIES.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY SHOULD DEVELOP A MECHANISM TO ENSURE APPROPRIATE SYSTEM-WIDE AMBULANCE COVERAGE DURING PERIODS OF PEAK DEMAND.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE PREVIOUSLY REFERENCED COMMUNICATIONS COMMITTEE, WHICH INCLUDES ADJOINING LEMSAS AS WELL ADDRESSES COMMUNICATION COORDINATION ISSUES SUCH AS FREQUENCIES, PL TONES AND SIGNAL STRENGTH INTERFERENCE. EACH DISPATCH CENTER INTEGRATES EMS, FIRE AND POLICE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

EACH COUNTY IN THE REGION IS COVERED 100% BY ONE OR MORE AMBULANCE ZONES THAT ARE IDENTIFIED IN THE EMS PLAN. ONE COUNTY AMBULANCE ORDINANCE EXISTS, BEING THE ONE COUNTY WITH AND EOA THAT HAS GONE THROUGH THE RFP PROCESS.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

EACH TRANSPORT SERVICE IN THE REGION MAINTAINS A "PROVIDER AGREEMENT" WITH THE AGENCY THAT STATES THE SERVICE WILL ADHERE TO LOCAL POLICIES AND PROCEDURES, STATE REGULATIONS AND STATE LAW. ONE COUNTY AS MENTIONED EARLIER, HAS AN AMBULANCE ORDINANCE THAT HAS BEEN IN PLACE SINCE THE TIME OF ITS FIRST RFP PROCESS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS FOR AIR DISPATCH

THE AGENCY MAINTAINS AIRCRAFT DISPATCH STANDARDS INSURING APPROPRIATE USE OF THESE RESOURCES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

RESPONSIBILITY TO MINIMIZE OR ELIMINATE THE IMPACT OF THESE TRANSPORTS ON THE EMERGENCY SYSTEM REMAINS THE RESPONSIBILITY OF PROVIDER AGENCIES.

WHERE EMERGENCY MEDICAL TRANSPORT VEHICLES HAVE BEEN COMPROMISED BY PRESCHEDULED TRANSPORTS, THE AGENCY HAS TAKEN A ROLE IN DETERMINING SOLUTIONS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL EMS HAS ADOPTED THE STATE'S RESPONSE TIME GUIDELINES.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS "PROVIDER AGREEMENTS" WITH EACH TRANSPORT AGENCY. THESE AGREEMENTS CALL FOR COMPLIANCE BY THE PROVIDER TO LOCAL POLICIES AND PROCEDURES, STATE LAW AND REGULATION. THESE AGREEMENTS ARE SIGNED BY THE PROVIDER, THEIR BASE HOSPITAL AND NOR-CAL EMS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS "PROVIDER AGREEMENTS" WITH FIRST RESPONDER AGENCIES AND HAS FIFTY-FIVE OF THESE AGREEMENTS. THE AGREEMENT STIPULATES THE PROVIDER AGENCY WILL COMPLY WITH LOCAL POLICIES AND PROCEDURES, STATE LAW AND REGULATIONS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY MAINTAINS AIRCRAFT POLICIES ADDRESSING AIR AMBULANCE, RESCUE AIRCRAFT AND AUXILIARY AIRCRAFT. RESCUE AIRCRAFT ARE FURTHER CLASSIFIED AS ALS, OR BLS BASED ON LEVEL OF MEDICAL FLIGHT CREW. THE POLICIES SPECIFY THE CLASSIFICATION AND AUTHORIZATION REQUIREMENTS FOR EMS AIRCRAFT PROVIDERS IN THE NOR-CAL EMS REGION. STATE PREHOSPITAL EMS AIR REGULATIONS ARE INCORPORATED INTO THE POLICIES AND PROCEDURES AND WHERE THE NOR-CAL EMS POLICIES AND PROCEDURES ARE MORE RESTRICTIVE, THEY TAKE PRECEDENCE.

POLICIES ADDRESS AUTHORIZATION, METHOD OF REQUEST, DESTINATION, PERSONNEL AND ORIENTATION. AN UNUSUAL OCCURRENCE REPORT IS AVAILABLE FOR REGISTERING COMPLAINTS.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE REGION IS SERVED BY ONE AIR PROVIDER LOCATED WITHIN THE JURISDICTION AND A NUMBER OF PROVIDERS OUTSIDE THE AREA. AN AIRCRAFT ZONE MAP IDENTIFIES THE PRIMARY AIR PROVIDER FOR EACH ZONE AND IS A PART OF THE AIRCRAFT POLICY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

PROVIDER AGREEMENTS ARE IN PLACE WITH EACH AIRCRAFT PROVIDER. THE AGREEMENTS STIPULATE COMPLIANCE WITH LOCAL POLICIES, STATE REGULATIONS AND STATE LAW. LOCAL POLICIES ADDRESS STAFFING.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: MEETS MINIMUM STANDARDS

PROVIDER AGENCIES, BOTH TRANSPORT AND NON TRANSPORT, MAINTAIN ACCESS TO ALTERNATIVE RESPONSE VEHICLES PROVIDING NECESSARY ACCESS TO PATIENTS. RECOGNIZING THE VARIED TERRAIN IN THE REGION AND OUT OF NECESSITY, MANY OF THE PRIMARY TRANSPORT AND NON TRANSPORT VEHICLES ARE FOUR WHEEL DRIVE VEHICLES.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS A DISASTER AND MCI PLAN IN PLACE AND WORKS WITH THE RDMHS, AND STATE OFFICES DURING DISASTERS. THIS INCLUDES MOBILIZATION OF RESPONSE AND TRANSPORT VEHICLES INCLUDING COORDINATION WITH AMBULANCE STRIKE TEAMS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: MEETS MINIMUM STANDARD

PROVIDER AGREEMENTS DO NOT PRECLUDE INTER-COUNTY RESPONSES TO MEDICAL EMERGENCIES ALTHOUGH FORMAL AGREEMENTS ARE NOT IN PLACE REQUIRING IT. IN PRACTICE, TRANSPORT AGENCIES DO RESPOND "OUT-OF-COUNTY" IN INSTANCES THAT REQUIRE IT.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL EMS WORKING COLLABORATIVELY WITH OTHER AGENCIES HAS UPDATED AND DISTRIBUTED THE OES REGION III MULTI-CASUALTY INCIDENT (MCI) PLAN, MANUALS 1 AND 2. THE OES REGION III MCI PLAN IS IN ALIGNMENT WITH THE OES REGION IV MCI PLAN. ADDITIONALLY, REGION-WIDE TRAINING OF THE MIC PLAN WAS CONDUCTED AND MCI PLAN WEBINAR TRAINING HAS BEEN MADE AVAILABLE ON THE NOR-CAL EMS WEBSITE. NOR-CAL EMS HAS ALSO UPDATED POLICIES AND PROCEDURE THAT SUPPORT THE CURRENT OES REGION III MCI PLAN AS WELL AS THE CALIFORNIA EMERGENCY OPERATIONS MANUAL (EOM) FOR ON-SCENE MEDICAL MANAGEMENT.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL EMS CONTINUALLY UPDATES MULTI-CASUALTY INCIDENT PLANS AND PROCEDURES TO ALIGN WITH THE OES REGION III MCI PLAN, THE CALIFORNIA EOM, AS WELL AS STATE STANDARDS AND GUIDELINES AS NEEDED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

ALL ALS AMBULANCES ARE STAFFED WITH ONE ALS AND ONE BLS PERSONNEL. THE BLS PERSONNEL ARE TRAINED TO USE AEDS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

ALS AMBULANCES HAVE AGREEMENTS IN PLACE STATING THEIR COMPLIANCE WITH LOCAL POLICIES WHICH ADDRESSES REQUIRED EQUIPMENT. ALS AMBULANCES ARE INSPECTED ON A ROTATION BASIS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

ALL TRANSPORTATION AGENCIES IN THE NOR-CAL REGION MAINTAIN A PROVIDER AGREEMENT WHICH STIPULATES COMPLIANCE WITH LOCAL POLICIES, STATE REGULATION AND LAW.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS AN APPROVED TRANSPORTATION PLAN THAT PROVIDES FOR AN EXCLUSIVE OPERATOR IN ONE ZONE IN ONE OF THE REGIONAL COUNTIES. IT WAS ORIGINALLY BID IN 2005 AND IS SCHEDULED TO BE BID AGAIN IN 2015.

NEED(S):

OBJECTIVE:

I

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS AN APPROVED TRANSPORTATION PLAN THAT RECOGNIZES EXCLUSIVE OPERATING AREAS BY MEANS OF "GRANDFATHERING" IN TWO COUNTIES. WITH THE CHANGE IN GEOGRAPHICAL COVERAGE IN A THIRD COUNTY, THE PREVIOUSLY GRANDFATHERED ZONE NO LONGER MEETS CRITERIA.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE EXCLUSIVE OPERATORS ALONG WITH ALL TRANSPORT PROVIDERS MAINTAIN A PROVIDER AGREEMENT STIPULATING COMPLIANCE WITH LOCAL POLICIES AND PROCEDURES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY RECENTLY MADE SUBTLE MODIFICATION TO THE EXCLUSIVE AREA SOON TO GO TO BID. AS WELL, AS COVERAGE ISSUES HAVE ARISEN OPERATING AREA DESIGN HAS BEEN EXAMINED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

THE AGENCY HAS WRITTEN CONTRACTS WITH EACH ACUTE FACILITY IN THE REGION. THE CONTRACTS STIPULATE COMPLIANCE WITH LOCAL POLICIES AND RECOGNIZES THE FACILITY'S ROLE IN PROVIDING ON-LINE VOICE MEDICAL CONTROL AND RUN REVIEWS. AS CAPABILITIES MAY CHANGE, CONTRACTS ARE AMENDED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS DEVELOPED TRIAGE GUIDELINES AND DESTINATION POLICIES FOR TRAUMA PATIENTS THAT DIRECT PATIENTS TO THE APPROPRIATE LEVEL OF CARE AND SUBSEQUENT TRANSFER OF PATIENTS TO MORE DEFINITIVE LEVELS OF CARE AS NEEDED.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM GUIDELINES

NOR-CAL POLICIES IDENTIFY PATIENTS MEETING TRAUMA CRITERIA. SYSTEM DESIGN CALLS FOR THEIR TREATMENT AT DESIGNATED TRAUMA FACILITIES OR SUBSEQUENT TRANSFER TO DESIGNATED FACILITIES. DESIGNATED FACILITIES ARE REQUIRED TO HAVE TRANSFER AGREEMENTS IN PLACE FOR TRAUMA AND BURN PATIENTS.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY HAS DESIGNATED RECEIVING HOSPITALS AND HAS IN PLACE CONTRACTS WITH THOSE FACILITIES. CONTRACT COMPLIANCE IS REVIEWED ON AN ONGOING BASIS AND IF COMPLIANT, RENEWED EVERY TWO YEARS.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY THROUGH PARTICIPATION WITH THE HOSPITAL PREPAREDNESS PROGRAM (HPP) WORKS WITH HOSPITALS IN THE PREPARATION FOR MASS CASUALTY EVENTS. THE AGENCY ADDITIONALLY WORKS CLOSELY WITH AREA HOSPITALS AND PUBLIC HEALTH DEPARTMENTS IN THE COORDINATION OF HAVBED EXERCISES AND REAL TIME EVENTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

NOR-CAL EMS HAS DEVELOPED AN EMERGENCY OPERATIONS PLAN (EOP). THE PLAN STIPULATES NOR-CAL EMS WILL "ASSIST WITH THE COORDINATION OF THE MOVEMENT AND DISTRIBUTION OF PATIENTS BY EMS PROVIDERS, INCLUDING EVACUATION OF PATIENTS AND RE-POPULATION OF HCFS. HOSPITALS WITHIN THE NOR-CAL EMS REGION WILL BE REQUIRED TO PROVIDE "HOSPITAL EVACUATION PLANS."

NOR-CAL HAS COLLECTED THESE HOSPITAL EVACUATION PLANS FROM FACILITIES WITHIN THE NOR-CAL EMS REGION. THESE PLANS AID IN THE COORDINATION AND COMMUNICATION OF PATIENT MOVEMENT AND DISTRIBUTION.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

DUE TO THE DISTRIBUTION OF ACUTE HOSPITALS, EIGHT HOSPITALS COVERING 16,000 SQUARE MILES, THERE DOES NOT EXIST A COMPETITION FOR DESIGNATION. EACH HOSPITAL IN THE REGION IS DESIGNATED AS EITHER A BASE, ALTERNATIVE BASE STATION OR RECEIVING FACILITY.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE NOR-CAL TRAUMA PLAN WAS LAST APPROVED IN AUGUST OF 2013. THE PLAN PERMITS IDENTIFIES TWO LEVEL IV CENTERS AND RECOGNIZES OUT OF AREA TRAUMA CENTERS AS CRITICAL COMPONENTS OF THE PLAN. THE PLAN, AS WELL AS LOCAL POLICIES, ADDRESSES TRAUMA TRIAGE CRITERIA AND THE FACT THAT PATIENTS MAY FIRST BE TRANSORTED TO A NON DESIGNATED FACILITY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

OVERALL RESPONSIBILITY FOR AGENCY DIRECTION RESTS WITH THE AGENCY'S BOARD OF DIRECTORS. ITS COMPOSITION INCLUDES A HOSPITAL REPRESENTATIVE, AN AMBULANCE REPRESENTATIVE AND TWO DIRECTOR AT-LARGE REPRESENTING CONSUMER INTERESTS. THIS IS IN ADDITION TO THE SIX COUNTY BOARD OF SUPERVISOR REPRESENTATIVES FROM EACH OF THE SIX CONTRACTING COUNTIES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE.

CURRENT STATUS: HAS NOT DEVELOPED A PEDIATRIC EMERGENCY MEDICAL AND CRITICAL CARE SYSTEM

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

LOCAL EMS AGENCIES SHOULD DEVELOP METHODS OF IDENTIFYING EMERGENCY DEPARTMENTS WHICH MEET STANDARDS FOR PEDIATRIC CARE AND FOR PEDIATRIC CRITICAL CARE CENTERS AND PEDIATRIC TRAUMA CENTERS.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS PARTICIPATED IN THE CALIFORNIA PEDIATRIC READINESS PROJECT IN JULY 2012.

IN THAT PROJECT THERE WAS 100% PARTICIPATION FROM THE HOSPITALS IN OUR REGION. EACH HOSPITAL RECEIVED A SUMMARY OF THEIR RESPONSE TO THE SURVEY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

OVERALL RESPONSIBILITY FOR AGENCY DIRECTION RESTS WITH THE AGENCY'S BOARD OF DIRECTORS. ITS COMPOSITION INCLUDES A HOSPITAL REPRESENTATIVE, AN AMBULANCE REPRESENTATIVE AND TWO DIRECTOR AT-LARGE REPRESENTING CONSUMER INTERESTS. THIS IS AN ADDITION TO THE SIX COUNTY BOARD OF SUPERVISOR REPRESENTATIVES FROM EACH OF THE SIX CONTRACTING COUNTIES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

OTHER THAN TRAUMA CARE, THE AGENCY HAS NOT DEVELOPED SPECIALTY CARE PLANS FOR SPECIFIC CLINICAL CONDITIONS.

NEED(S): TO DETERMINE SPECIALTY AREAS FOR SPECIFIC PLANS

OBJECTIVE: TO IDENTIFY SPECIALTY AREAS FOR SPECIFIC PLANS AND DEVELOP PLAN(S)

TIME FRAME FOR MEETING OBJECTIVE: LONG RANGE

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

AS SPECIALTY CARE PLANS ARE DEVELOPED, INPUT FROM PRE-HOSPITAL AND HOSPITAL PROVIDERS AND CONSUMERS WILL BE OBTAINED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: MEETS RECOMMENDED GUIDELINES

ALL LALS AND ALS PROVIDERS HAVE CQI PLANS AS A REQUIREMENT OF THE AGENCY. THIS TOGETHER WITH THE REVISED AGENCY EQIP PLAN WILL MEET THESE STANDARDS AND GUIDELINES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

ALL TRANSPORT AGENCIES AND MANY NON-TRANSPORT AGENCIES UTILIZE AN ELECTRONIC PATIENT CARE RECORD. IN COOPERATION WITH EMSA THESE RECORDS ARE BEING TRANSMITTED TO THE STATE'S "DEPOSITORY". THESE RECORDS SERVE AS THE UNIVERSE OF DATA FROM WHICH CORE MEASURES DATA AND INTERNAL REPORTS ARE GENERATED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS: MEETS MINIMUM STANDARDS

AUDITS OF PRE-HOSPITAL CARE ARE CONDUCTED THROUGH INVESTIGATIONS COMING ABOUT THROUGH FILING OF AN UNUSUAL OCCURRENCE REPORTS, THROUGH THE CRITIQUE OF SPECIFIC RUNS AND THE CONDUCT OF RUN REVIEWS. THESE ACTIVITIES WILL BE ENHANCED THROUGH REFINEMENT OF CORE MEASURES AND FULL IMPLEMENTATION OF THE AGENCY'S CQI PLAN.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

IN THE NOR-CAL REGION RESOURCES ARE SPARCE. THERE ARE SIXTEEN TRANSPORT AGENCIES COVERING 16,000 SQUARE MILES. EACH RESOURCE THEN ON AVERAGE COVERS A 1000 SQUARE MILE AREA. THE PAUCITY OF RESOURCES IN THIS RURAL AREA RESULTS NOT IN THE ISSUE OF THE APPROPRIATE LEVEL OF RESOURCE BEING DISPATCHED BUT CAN A RESOURCE BE ON SCENE IN AN APPROPRIATE TIME.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THROUGH ITS REGION WIDE ELECTRONIC PCR SYSTEM THE AGENCY HAS PROVIDED TO THE STATE AND HAS EXAMINED CORE MEASURES DATA WHICH IN PART LOOKS AT HIGH RISK PATIENT GROUPS.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY'S CQI PLAN IS DIRECTED AT ADDRESSING THESE ISSUES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

ALL TRANSPORT PROVIDERS UTILIZE AN ELECTRONIC PATIENT CARE RECORD SYSTEM THAT IS NEMSIS COMPLIANT AND. ALL LALS AND ALS PROVIDERS HAVE PROVIDED THEIR OWN CQI PLANS TO THE AGENCY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

EACH COUNTY CONTRACT DELEGATING LEMSA RESPONSIBILITIES TO THE AGENCY REQUIRE SUBMITTAL OF THE ANNUAL EMS PLAN TO THE COUNTY. THE CONTRACT DOES NOT REQUIRE SUBMITTAL TO THE EMCCS.

NEEDS: TO SUBMIT EMS PLAN TO EACH COUNTY EMCC

OBJECTIVE: TO SUBMIT THE ANNUAL EMS PLAN TO EACH COUNTY EMCC

TIME FRAME FOR MEETING OBJECTIVE: SHORT-RANGE PLAN

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S INTEGRATED DATA MANAGEMENT SYSTEM SHOULD INCLUDE PRE-HOSPITAL, BASE HOSPITAL, AND RECEIVING HOSPITAL DATA.

CURRENT STATUS: MEETS MINIMUM STANDARDS

CURRENTLY THE EMPHASIS IN EVALUATING ADVANCED LIFE SUPPORT TREATMENT IS CENTERED ON HIGH RISK/ LOW VOLUME PROCEDURES. EVALUATION HOWEVER DOES NOT INCLUDE THE BASE HOSPITAL. EVALUATION.

NEED(S): HOSPITAL EVALUATION IN THE AUDIT

OBJECTIVE: TO INCLUDE HOSPITAL EVALUATION IN THE HIGH RICK LOW VOLUME AUDIT

TIME FRAME FOR MEETING OBJECTIVE: SHORT RANGE

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARDS

EACH DESIGNATED TRAUMA CENTER PARTICIPATES IN AN ELECTRONIC TRAUMA DATA SYSTEM. THE AGENCY REPORTS THIS DATA AS REQUIRED TO EMSA. AN ELEMENT OF THIS IS THE SUBMITTAL OF CORE MEASURES DATA TO EMSA.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

THE LOCAL EMS AGENCY SHALL ENSURE THAT DESIGNATED TRAUMA CENTERS PROVIDE REQUIRED DATA TO THE EMS AGENCY, INCLUDING PATIENT SPECIFIC INFORMATION THAT IS REQUIRED FOR QUALITY ASSURANCE/QUALITY IMPROVEMENT AND SYSTEM EVALUATION.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY SHOULD SEEK DATA ON TRAUMA PATIENTS WHO ARE TREATED AT NON-TRAUMA CENTER HOSPITALS AND SHALL INCLUDE THIS INFORMATION IN THEIR QA/QI AND SYSTEM EVALUATION PROGRAM.

CURRENT STATUS: MEETS MINIMUM STANDARDS

DESIGNATED TRAUMA CENTERS PROVIDE TRAUMA PATINET DATA THROUGH A TRAUMA DATA REGISTRY. THIS DATA IS ALSO PROVIDED TO THE STATE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARDS (PARTIALLY)

THE AGENCY PROVIDES INFORMATION ON ACCESS TO FIRST AID AND CPR TRAINING ON ITS WEBSITE. PAST ACTIVITIES HAVE INCLUDED SEVERAL INJURY AND ILLNESS PREVENTION EFFORTS INCLUDING THINK FIRST FOR KIDS, FIRST THERE/FIRST CARE AND THE NORTHSTATE PREHOSPITAL CONFERENCE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY THROUGH ITS AFFILIATION WITH ITS COUNTY HEALTH DEPARTMENTS, RELAYS AND PROVIDES INFORMATION TO THE PUBLIC ON DISASTER PREPAREDNESS ACTIVITIES ON ITS WEBSITE. AS STATED ABOVE, PAST ACTIVITIES HAVE INCLUDED SEVERAL INJURY AND ILLNESS PREVENTION EFFORTS INCLUDING THINK FIRST FOR KIDS, FIRST THERE/FIRST CARE AND THE NORTHSTATE PREHOSPITAL CONFERENCE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY THROUGH ITS PARTICIPATION WITH THE HOSPITAL PREPAREDNESS PROGRAM AND ITS AFFILIATION WITH ITS COUNTY HEALTH DEPARTMENTS RELAYS AND PROVIDES INFORMATION TO THE PUBLIC ON DISASTER PREPAREDNESS ACTIVITIES ON ITS WEBSITE..

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: MEETS MINIMUM STANDARDS

THE AGENCY THROUGH ITS WEBSITE IDENTIFIES THE AVAILABILITY OF FIRST AID AND CPR TRAINING.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

COORDINATION WITH OTHER EMS AGENCIES:

AS PART OF CALIFORNIA OES REGION III, NOR-CAL EMS HAS BEGUN WORKING COLLABORATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS IN REGARDS TO MULTI-CASUALTY INCIDENT (MCI) EVENTS, THE UTILIZATION OF HOSPITAL CONTROL FACILITIES AND HOSPITAL PREPAREDNESS (HPP) GRANTS. THIS INCLUDES COORDINATED EFFORTS WITH THE REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS).

NEED(S):

TO IMPROVE THE COLLABORATIVE PROCESS BETWEEN NOR-CAL EMS AND CONSTITUENT COUNTY OES AGENCIES.

OBJECTIVE:

AS A MULTI-COUNTY LEMSA, NOR-CAL EMS HAS BEEN WORKING CLOSELY WITH INDIVIDUAL COUNTY PUBLIC HEALTH DEPARTMENTS AND HEALTHCARE COALITIONS (HCC) TO INCLUDE THE LEMSA ROLE IN DISASTER RESPONSE. THIS IS AN ALL HAZARDS APPROACH, THEREFORE INCLUDING TOXIC/HAZMAT EVENTS. AS A LONG-RANGE GOAL, WE WILL REVIEW COUNTY EMERGENCY OPERATIONS PLANS (EOPS) TO BETTER ESTABLISH COORDINATION WITH OUR CONSTITUENT COUNTIES.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S):

TO IMPROVE AND UPDATE PLANS AND PROCEDURES TO ASSIST THE RESPONSE CAPABILITIES OF MEDICAL AGENCIES/PERSONNEL TO CATASTROPHIC DISASTERS.

OBJECTIVE:

NOR-CAL EMS WILL REVIEW AND APPLY THE OES MULTI-HAZARD FUNCTIONAL PLAN WORKING WITH PUBLIC HEALTH AND LOCAL HEALTH CARE FACILITIES AS PART OF THE HCC.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S):

TO EMPHASIZE THE REQUIREMENT THAT APPROPRIATE EMS PROVIDERS ARE PROPERLY TRAINED FOR RESPONSE TO HAZARDOUS MATERIAL INCIDENTS. ADDITIONALLY, NOR-CAL EMS CURRENTLY REQUIRES THAT ALL EMS PROVIDERS CERTIFIED WITHIN THE REGION ARE TO COMPLETE ICS100 (OR HIGHER) AND HAZMAT FIRST RESPONDER OPERATIONS (FRO) TRAINING.

OBJECTIVE:

HAVING IDENTIFIED THAT MANY OF THE EMS PROVIDERS ARE NOT AWARE OF THIS REQUIREMENT, A SURVEY WILL BE CONDUCTED OF ALL EMS PROVIDERS/AGENCIES TO DETERMINE THE LEVEL OF TRAINING FOR ICS AND HAZMAT FRO. NOR-CAL EMS WILL NOTIFY ALL PROVIDERS AND AGENCIES WITHIN THE REGION VIA A MEMO EMPHASIZING THE STANDARD AND MAKE AVAILABLE ON THE NOR-CAL EMS WEBSITE LINKS TO EITHER FREE OR REASONABLY PRICED COURSES.

TIME FRAME FOR MEETING OBJECTIVE: SHORT-RANGE PLAN (ONE YEAR OR LESS)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY SHOULD ENSURE THAT ICS TRAINING IS PROVIDED FOR ALL MEDICAL PROVIDERS.

CURRENT STATUS: MEETS MINIMUM STANDARD

ICS IS MANDATORY FOR ALL PROVIDER CERTIFICATIONS AND RE-CERTIFICATIONS. THE OES REGION III MCI PLAN HAS BEEN UPDATED AND ALIGNED WITH THE OES REGION IV MCI PLAN AND IS NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMPLIANT. REGIONAL TRAINING HAS BEEN CONDUCTED AND IS AVAILABLE ONLINE AT THE NOR-CAL EMS WEBSITE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE OES REGION III MCI PLAN, MANUAL 2, ADDRESSES PATIENT DISTRIBUTION. TRAINING HAS BEEN CONDUCTED AND IS AVAILABLE ON THE NOR-CAL EMS WEB SITE. MEMORANDUMS OF UNDERSTANDING HAVE BEEN ESTABLISHED WITH APPROPRIATE CONTROL FACILITIES.

DUE TO THE FACT THAT ALL OF THE HEALTHCARE FACILITIES IN THE NOR-CAL EMS REGION ARE CRITICAL ACCESS HOSPITALS, THEY DO NOT HAVE THE FACILITY, RESOURCES, AND/ OR CAPACITY TO TREAT RADIATION AND CHEMICAL CONTAMINATION AND INJURIES (DEFINITELY). THESE PATIENTS WOULD BE TRANSPORTED IN AN EXPEDITIOUS FASHION TO TERTIARY CARE SYSTEMS ONCE INITIAL DECONTAMINATION HAS OCCURRED.

COORDINATION WITH OTHER EMS AGENCIES:

THE OES REGION III MCI PLAN MANUAL 2 WAS UPDATED COOPERATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

THE LOCAL EMS AGENCY'S PROCEDURES FOR DETERMINING NECESSARY OUTSIDE ASSISTANCE SHOULD BE EXERCISED YEARLY.

CURRENT STATUS: MEETS MINIMUM STANDARD

PER THE CALIFORNIA STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS) REQUESTS FOR LOCAL ASSISTANCE IS DETERMINED BY THE LOCAL MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC) TO THE REGIONAL DISASTER MEDICAL HEALTH SPECIALIST (RDMHS). NOR-CAL MES WOULD ASSIST WITH AMBULANCE RESPONSE AND ALTERED STANDARDS OF CARE IF REQUESTED.

NOR-CAL EMS PARTICIPATES IN THE ANNUAL STATEWIDE MEDICAL AND HEALTH EXERCISE AS WELL AS A NUMBER OF REGIONAL/COUNTY/OPERATIONAL AREA EXERCISES.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS ACTIVELY PARTICIPATES IN THE OES REGION III MEDCOMM COMMITTEE MEETING. THE GOALS OF THE COMMITTEE ARE TO DEVELOP AND MAINTAIN THE REGIONAL COMMUNICATION PLAN AND ASSIST IN MAINTAINING THE INTEGRITY OF THE UHF MED CHANNEL SYSTEM.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: MEETS MINIMUM STANDARD

PUBLIC HEALTH, IN EACH OF THE NOR-CAL EMS CONSTITUENT COUNTIES, WORKS WITH THE RESPECTIVE OES AND HEALTH CARE FACILITIES TO MAINTAIN INVENTORY. NOR-CAL EMS PARTICIPATES AS A RESOURCE AND GUIDES THE PROCESS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS HAS NO DMATS IN THE REGION AND DOES NOT HAVE THE DEPTH OF RESOURCES TO DEVELOP A DMAT IN THE EXISTING RURAL/FRONTIER REGION.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

NEED(S):

NOR-CAL EMS NEEDS TO DO DOCUMENT THE EXISTENCE OF CURRENT MEDICAL MUTUAL AID AGREEMENTS WITH ITS CONSTITUENT COUNTIES.

OBJECTIVE:

NOR-CAL EMS WILL DEVELOP A SURVEY AND DISTRIBUTE TO ALL CONSTITUENT COUNTIES PUBLIC HEALTH AND OES TO DETERMINE THE EXISTENCE OF MEDICAL MUTUAL AID AGREEMENTS AND DEVELOP A PROCESS TO RECEIVE AGREEMENT UPDATES AND CHANGES. IF A COUNTY INDICATES THAT AN AGREEMENT REQUIRES DEVELOPMENT, NOR-CAL EMS WILL ASSIST.

NOTE:

TRANSPORT VEHICLES ARE TO BE COORDINATED WITH THE RDMHS AND THE LEMSA. NO ONE AGENCY IN THE REGION IS LARGE ENOUGH TO SUSTAIN A SINGLE AMBULANCE STRIKE TEAM (AST). MANY OF THE AGENCIES HAVE AGREED TO PARTICIPATE AS PART OF AN AST IN A COORDINATED EVENT IF REQUESTED BY THE RDMHS.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

NONE.

CURRENT STATUS: MEETS MINIMUM STANDARD

EACH OF THE PUBLIC HEALTH ENTITIES IN THE NOR-CAL EMS REGION HAS COORDINATED WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH DESIGNATED FIELDS TREATMENT SITES AS WELL AS ALTERNATE CARE SITES.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

NEED(S):

TO DEVELOP ACTIVE SHOOTER/ACTIVE VIOLENCE POLICY AND PROTOCOL TO INCLUDE CCPS AND COMMUNICATION.

OBJECTIVE:

NOR-CAL EMS WILL CONTINUE WITH THE ALREADY EXISTING DISCUSSION WITH LOCAL OES, LAW ENFORCEMENT, PUBLIC HEALTH, HEALTHCARE FACILITIES, AND EMS PROVIDERS FOR ACTIVE SHOOTER/ACTIVE VIOLENCE POLICY AND PROTOCOL. THE CCP PROCESS WILL BE BASED UPON THE HARTFORD CONSENSUS DOCUMENTS AND FEMA GUIDELINES. THE PROCESS OF CCP, ONCE ESTABLISHED CAN THEN BE USED IN DISASTER PREPAREDNESS WHERE CCPS WILL BE NEEDED

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE OES REGION III MCI PLAN HAS BEEN UPDATED TO INCLUDE TOXIC AND RADIOACTIVE SUBSTANCES. IN ADDITION, NOR-CAL EMS HAS DEVELOPED EXISTING WEAPONS OF MASS DESTRUCTION POLICES.

NEED(S):

ADDITIONAL TRAINING FOR PROVIDERS TO REINFORCE HAZMAT IN PARTICULAR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR DEFENSE, EXPLOSIVES (CBRNE).

OBJECTIVE:

NOR-CAL EMS WILL DEVELOP WEBINAR TRAINING FOR HAZMAT CBRNE RESPONSE.

TIME FRAME FOR MEETING OBJECTIVE: LONG-RANGE PLAN (MORE THAN ONE YEAR)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS PARTICIPATES IN DRILLS MULTIPLE TIMES EACH YEAR WHICH INCLUDE THE HOSPITALS AND EMS PROVIDERS.

IN REAL-TIME, ALL HOSPITALS AND AIR AMBULANCES IN OES REGION III UTILIZE EMRESOURCE TO COMMUNICATE ELECTRONICALLY AND PROVIDE STATUS OF AVAILABILITY. THIS YEAR'S HPP GRANT WILL PROVIDE FOR THE DEVELOPMENT OF INCLUSION OF GROUND AMBULANCE PROVIDERS AND THE DISASTER MEDICAL SUPPORT UNIT (DMSU) AVAILABILITY IN EMRESOURCE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

NOR-CAL EMS PROVIDES EMRESOURCE ADMINISTRATIVE SUPPORT FOR OES REGION III FACILITIES AND PROVIDERS. NOR-CAL EMS WORKS COLLABORATIVELY WITH SIERRA-SACRAMENTO VALLEY EMS AND THE OES REGION IV ADMINISTRATOR TO MAINTAIN USER ACTIVITY AND COORDINATE SYSTEM ENHANCEMENTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE OES REGION III MCI PLAN ADDRESSES SURGE ACTIVITIES. ADDITIONALLY, EACH OF THE COUNTIES IN THE NOR-CAL EMS REGION HAS DEVELOPED SURGE PLANS. NOR-CAL EMS HAS DEVELOPED CRISIS CARE GUIDELINES THAT WILL ALTER PREHOSPITAL CARE IN THE FACE OF A SURGE EVENT.

DUE TO THE FACT THAT ALL HOSPITALS IN THE NOR-CAL EMS REGION ARE CRITICAL ACCESS, THE ABILITY TO HANDLE A SINGLE LARGE SCALE MEDICAL EVENT IS LIMITED. PATIENTS WOULD BE TRANSPORTED TO TERTIARY CARE SITES BY GROUND AND AIR PROVIDERS FOR DEFINITIVE CARE.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

FOLLOWING HEALTH AND SAFETY GUIDELINES, ADVANCED LIFE SUPPORT (ALS) PERSONNEL FROM OTHER REGIONS FOLLOW THEIR RESPECTIVE LOCAL EMS PROVIDER POLICIES AND PROCEDURES. THIS OCCURS IN PARTICULAR DURING FIRE SEASON. DURING A SIGNIFICANT MEDICAL INCIDENT, THE PROCESS WOULD BE THE SAME.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

THE NOR-CAL EMS REGION DOES NOT HAVE THE CAPABILITY, NOR RESOURCES TO DEVELOP SPECIALTY CARE CENTERS DUE TO ITS RURAL/FRONTIER NATURE. THE PROCESS OF A SYSTEMS APPROACH WILL BE UNDERTAKEN. THE HOSPITALS IN THE REGION ARE CRITICAL ACCESS HOSPITALS AND DO NOT HAVE THE RESOURCE DEPTH TO PROVIDE SPECIALTY CARE, SUCH AS STEMIE/STROKE. TWO OF THE FACILITIES HAVE BEEN DESIGNATED LEVEL IV TRAUMA CENTERS. THE GOAL OF EACH CENTER IS TO PROVIDE INITIAL CARE AND STABILIZATION AND ENSURE RAPID FORWARD MOVEMENT TO DEFINITIVE CARE. NOR-CAL EMS HAS ENTERED INTO MEMORANDUMS OF UNDERSTANDING WITH CONTROL FACILITIES TO DIRECT PATIENT FLOW AND DESTINATION.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)
Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

PROVISIONS TO WAIVE EXCLUSIVITY ARE ADDRESSED IN EXCLUSIVE OPERATING AREA PLANS. FOLLOWING SEMS, MUTUAL AID IS AUTOMATIC. ADDITIONALLY, DURING A PROLONGED SURGE EVENT, THE LOCAL HEALTH OFFICER CAN AND WOULD DECLARE A LOCAL EMERGENCY. THIS WOULD ENABLE NON-EOA PROVIDERS ACCESS TO PATIENTS IN TIMES OF CRUCIAL NEED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2013

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Glenn

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Lassen

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Modoc

A. Basic Life Support (BLS)	11%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	89%

County: Plumas

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Sierra

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

County: Trinity

A. Basic Life Support (BLS)	0%
B. Limited Advanced Life Support (LALS)	0%
C. Advanced Life Support (ALS)	100%

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____
3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____√_____
Designation of trauma centers/trauma care system planning	_____√_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____√_____
Enforcement of ambulance service contracts	_____√_____
Operation of ambulance service	_____
Continuing education	_____√_____
Personnel training	_____√_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**5. EXPENSES***(Unless otherwise noted, figures taken from General Fund Budget FY 2013-14)*

Salaries and benefits (All but contract personnel)	\$ 369,021.72
Contract Services (e.g. medical director)	50,000.00
Operations (e.g. copying, postage, facilities)	63,665.20
Travel	10,000.00
Fixed assets	.00
Indirect expenses (overhead)	Included in Operations
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospital	39,799.01
Dispatch center operations (non-staff)	N/A
Training program operations	Included in numbers above
Other: Misc. Contractual	16,618.00
Other: Legal	5,000.00
Other: Contingency	10,875.15
TOTAL EXPENSES	\$ 564,979.08

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ N/A
Preventive Health and Health Services (PHHS) Block Grant	N/A
Office of Traffic Safety (OTS)	N/A
State general fund	324,532.00
County general fund	N/A
Other local tax funds (e.g., EMS district)	N/A
County contracts (e.g. multi-county agencies)	137,150.07
Certification fees	22,000.00
Training program approval fees	N/A
Training program tuition/Average daily attendance funds (ADA)	N/A
Job Training Partnership ACT (JTPA) funds/other payments	N/A
Base hospital application fees	16,478.00

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	N/A
Trauma center designation fees	N/A
Pediatric facility approval fees	N/A
Pediatric facility designation fees	N/A
Other critical care center application fees	N/A
Type: _____	
Other critical care center designation fees	N/A
Type: _____	
Ambulance service/vehicle fees	8,520.00
Contributions	N/A
EMS Fund (SB 12/612)	* 43,980.30
Other grants: _____	N/A
Other fees: Interest/Misc Inc.	2,000.00
Other (specify): Conference, Advertising, Continuing Education	10,000.00
TOTAL REVENUE	\$ 564,660.37

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

* Both Revenue and Expenses equal \$525,180.07 for the 2013-2014 General Fund Budget. The difference in this report is due to the EMS Fund. The submitted 2013-14 General Fund Budget is reflective of only the anticipated revenue for administration of the EMS Fund and does not show the pass through dollars back to hospitals and physicians.

To report a full year of EMS Fund for this report, we used the actual figures collected and distributed for fiscal year 2013-14. This is why the Revenue and Expenses show slightly different numbers on this report only.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

_____ Our fee structure is:

First responder certification	\$ 35.00
EMS dispatcher certification	N/A
EMT-I certification	45.00
EMT-I recertification	28.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	50.00
AEMT recertification	35.00
EMT-P accreditation	100.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	80.00
MICN/ARN recertification	80.00
EMT-I training program approval	--
AEMT training program approval	--
EMT-P training program approval	--
MICN/ARN training program approval	--
Base hospital application	--
Base hospital designation	N/A for FY 2013-14
Trauma center application	--
Trauma center designation	--
Pediatric facility approval	--
Pediatric facility designation	--
Other critical care center application	
Type: None	
Other critical care center designation	
Type: None	
Ambulance service license	--
Ambulance vehicle permits	--
Other: First Responder Recertification	28.00
Other: ALS Ambulance Application	500.00
Other: Ambulance Provider Fee	327 - 4,820 (a)
Other: County Contract Fee	12,000 - 78,000 (a)
	(a) based on formula

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	Chief Executive Officer	51.00%	51.95	29%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Director Business Administration	80.00%	26.57	26%	
ALS Coord./Field Coord./Trng Coordinator	EMS System Director	80.00%	33.89	23%	
Program Coordinator/Field Liaison (Non-clinical)	Project Coordinator	80.00%	18.13	29%	
Trauma Coordinator					
Medical Director	Medical Director	30.00%	85.00	--	Contract position
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Director of Information Technology	80.00%	37.09	40%	
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Secretary	80.00%	14.85	35%	
Other Clerical					
Data Entry Clerk					
Other					

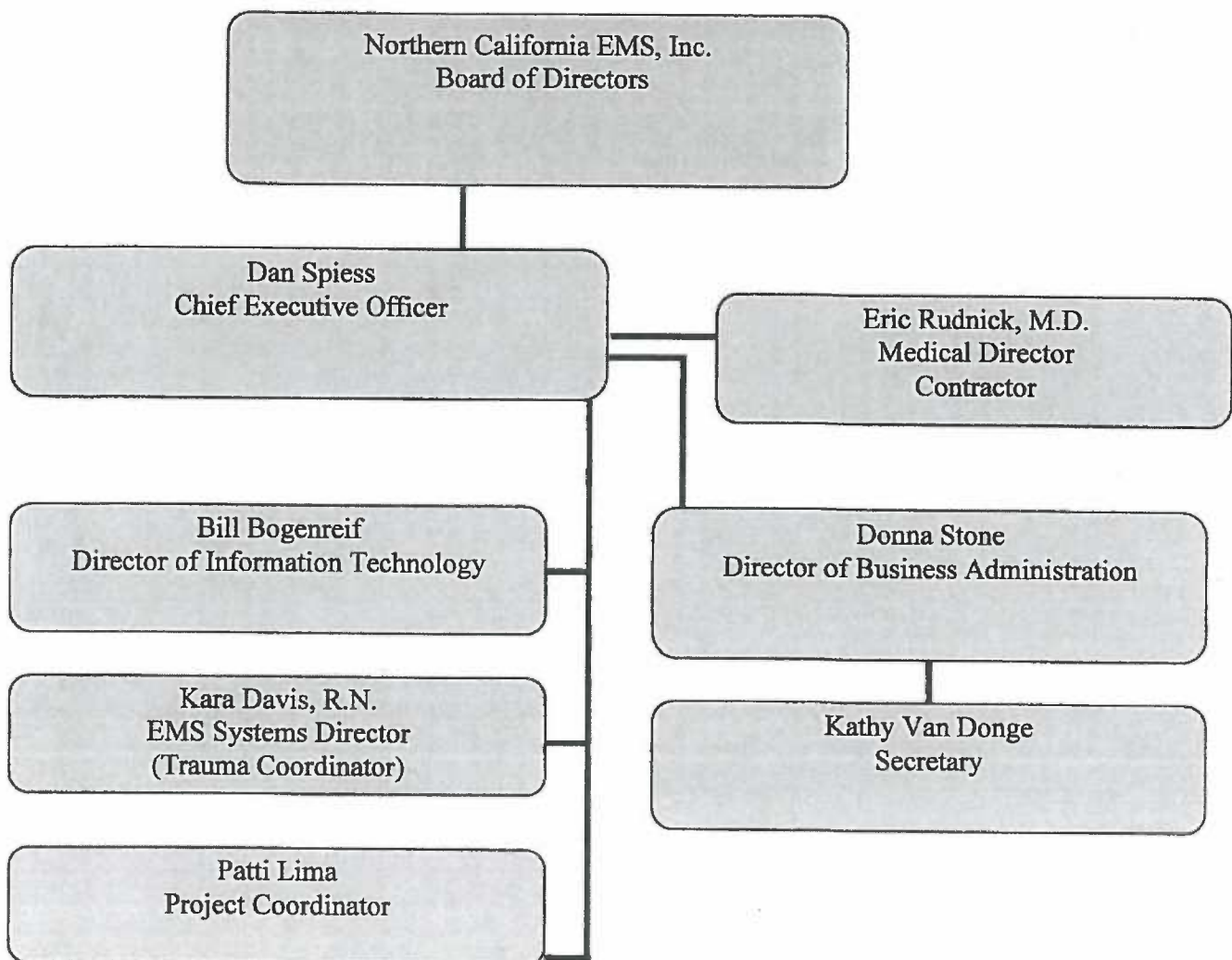


TABLE 3: STAFFING/TRAINING

Reporting Year: 2013

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	585	9		26
Number newly certified this year	37	1		6
Number recertified this year	260	4		13
Total number of accredited personnel on July 1 of the reporting year			163	
Number of certification reviews resulting in:				
a) formal investigations	1			
b) probation				
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	1			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs 585
b) Number of public safety (defib) certified (non-EMT-I) 500

2. Do you have an EMR training program (First Responder)

YES

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013
 County: Glenn

1. Number of primary Public Service Answering Points (PSAP)	<u>1</u>
2. Number of secondary PSAPs	<u>1</u>
3. Number of dispatch centers directly dispatching ambulances	<u>0</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>0</u>
6. Who is your primary dispatch agency for day-to-day emergencies?	Sheriff
<hr/>	
7. Who is your primary dispatch agency for a disaster?	Sheriff
<hr/>	
8. Do you have an operational area disaster communication system?	<input type="checkbox"/> Yes X No
a. Radio primary frequency <u> </u>	
b. Other methods <u> </u>	
c. Can all medical response units communicate on the same disaster communications system?	<input type="checkbox"/> Yes X No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input type="checkbox"/> Yes X No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input type="checkbox"/> Yes X No
1) Within the operational area?	<input type="checkbox"/> Yes X No
2) Between operation area and the region and/or state?	<input type="checkbox"/> Yes X No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013
County: Lassen

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 0
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies? Sheriff

7. Who is your primary dispatch agency for a disaster? Fire

8. Do you have an operational area disaster communication system? ☐ Yes ☒ No
 - a. Radio primary frequency
 - b. Other methods
 - c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD ☒ Yes ☐ No
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☒ Yes ☐ No
 - 1) Within the operational area? ☒ Yes ☐ No
 - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013

County: Modoc

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 1 |
| 2. Number of secondary PSAPs | 0 |
| 3. Number of dispatch centers directly dispatching ambulances | 1 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 0 |
| 5. Number of designated dispatch centers for EMS Aircraft | 1 |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Radio primary frequency _____ | |
| b. Other methods _____ | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1) Within the operational area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013

County: Plumas

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1 (Pri) 1(2nd)</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>None</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>None</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Plumas County Sheriff's Office | |
| 7. Who is your primary dispatch agency for a disaster?
Plumas County Sheriff's Office | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency Various | |
| b. Other methods Races | |
| c. Can all medical response units communicate on the same disaster communications system? <i>Unknown if all EMS follow the local TICP</i> | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013

County: Sierra

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff's Office |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff's Office |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 156.165 | |
| b. Other methods _____ | |
| c. Can all medical response units communicate on the same disaster communications system? County, Fire, MedNet, CALCORD | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Northern California EMS, Inc. Reporting Year: 2013

County: Trinity

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>2</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies? | Sheriff |
| <hr/> | |
| 7. Who is your primary dispatch agency for a disaster? | Sheriff |
| <hr/> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 154.7850 Mobile RX / 158.7600 Mobile TX | |
| b. Other methods County has multi-agency radio communication system and Reverse 9-1-1 | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? X Yes <input type="checkbox"/> No | |
| 2) Between operation area and the region and/or state? X Yes <input type="checkbox"/> No | |

TABLE 5: RESPONSE/TRANSPORTATION

EMS System: Northern California EMS, Inc

Reporting Year: 2013

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 69

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	0:4:80	0:11:80	0:11:12
Early defibrillation responder	No data available	No data available	No data available	No data available
Advanced life support responder	0:23:48	0:15:48	0:1:00	0:17:00
Transport Ambulance	Same as above	Same as above	Same as above	Same as above

TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

Northern California EMS, Inc.

Reporting Year: 2013

Trauma

Trauma patients:

a. Number of patients meeting trauma triage criteria	72
b. Number of major trauma victims transported directly to a trauma center by ambulance	41
c. Number of major trauma patients transferred to a trauma center	14
d. Number of patients meeting triage criteria who were not treated at a trauma center	27

Emergency Departments

Total number of emergency departments	8
a. Number of referral emergency services	0
b. Number of standby emergency services	7
c. Number of basic emergency services	1
d. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	3
2. Number of base hospitals with written agreements	5

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Glenn

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Incident scene and Glenn Medical Center
 - b. How are they staffed? EMS and hospital personnel
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?
1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Glenn, Colusa, Tehama, Butte
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? Public Health Department X Yes ☐ No
9. If not, to whom do you report? N/A
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Lassen

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? CCP's are mobile and based on where incidents occur as needed.

b. How are they staffed? Local EMS personnel, Public Health Staff, Volunteers if needed.

c. Do you have a supply system for supporting them for 72 hours? X Yes ☐ No

2. CISM

Do you have a CISM provider with 24 hour capability? X Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes X No

b. For each team, are they incorporated into your local response plan? ☐ Yes X No

c. Are they available for statewide response? ☐ Yes X No

d. Are they part of a formal out-of-state response system? ☐ Yes X No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? X Yes ☐ No

b. At what HazMat level are they trained? FRA/FRO/decon, First Receiver.

c. Do you have the ability to do decontamination in an emergency room? X Yes ☐ No

d. Do you have the ability to do decontamination in the field? X Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a:

a. real event? ☐ Yes X No

b. exercise? ☐ Yes X No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
State/Regional mutual aid, no other written agreements.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? ☐ Yes X No
9. If not, to whom do you report? Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Modoc

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Unidentified
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? Decontamination
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?
1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Region III Counties
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? Health Department Agency
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Plumas

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Chester, Quincy, Greenville, Portola
 - b. How are they staffed? Hospital & Public Health Personnel
 - c. Do you have a supply system for supporting them for 72 hours? X Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? X Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes X No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes X No
 - c. Are they available for statewide response? X Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes X No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? X Yes ☐ No
 - b. At what HazMat level are they trained? EMT – FRO & Decon levels
 - c. Do you have the ability to do decontamination in an emergency room? X Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? X Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? X Yes ☐ No
 - b. exercise? X Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
MHOAC – Public Health - RDMHS
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☐ No
9. If not, to whom do you report? Director of Public Health
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Sierra

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Do not have designated CCPs
 - b. How are they staffed? As designated by Sheriff/Coroner and staffed as needed.
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes X No
2. CISD
Do you have a CISD provider with 24 hour capability? ☐ Yes X No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes X No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes X No
 - c. Are they available for statewide response? ☐ Yes X No
 - d. Are they part of a formal out-of-state response system? ☐ Yes X No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes X No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes X No
 - d. Do you have the ability to do decontamination in the field? ☐ Yes X No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? _____
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes X No
 - b. exercise? ☐ Yes X No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement: N/A
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes X No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? ☐ Yes X No
9. If not, to whom do you report? Sierra County Health & Humans Service
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes X No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2013

County: Trinity

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Weaverville Airport, Hayfork Fairgrounds
 - b. How are they staffed? EMS and Public Health staff
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? FRO/Decon
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Glenn **Provider:** Enloe Medical Center **Response Zone:** 2
Address: 1531 Esplanade **Number of Ambulance Vehicles in Fleet:** 2
Chico, CA 95926
Phone Number: 530-332-7400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

892	Total number of responses	825	Total number of transports
70	Number of emergency responses	64	Number of emergency transports
822	Number of non-emergency responses	761	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Glenn **Provider:** Westside Ambulance **Response Zone:** 1
Address: P O Box 4527 **Number of Ambulance Vehicles in Fleet:** 2
Orland, CA 95963
Phone Number: 530-865-3998 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

1249	Total number of responses	1246	Total number of transports
1082	Number of emergency responses	1079	Number of emergency transports
167	Number of non-emergency responses	167	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Reporting Year: 2013

County: Lassen

County: Lassen
Address: 710 Ash Street
Susanville, CA 96130

Provider: Mountain Life Flight

Response Zone: N/A

Number of Ambulance Vehicles in Fleet:	1
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Phone Number: 530-257-0249

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

523	Total number of responses	398	Total number of transports
208	Number of emergency responses (SCENE)	137	Number of emergency transports (SCENE)
333	Number of non-emergency responses (IFT)	281	Number of non-emergency transports (IFT)

Reporting Year: 2013

Response/Transportation/Providers

County:	Lassen	Provider:	SEMSA	Response Zone:	1
Address:	1545 Paul Bunyon, Suite 3 Susanville, CA 96130			Number of Ambulance Vehicles in Fleet:	4
Phone Number:	775-691-4720			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3766	Total number of responses	3766	Total number of transports
2599	Number of emergency responses	2599	Number of emergency transports
1167	Number of non-emergency responses	1167	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County:	Modoc	Provider:	Last Frontier Health District	Response Zone:	1
Address:	228 W. McDowell St		Number of Ambulance Vehicles in Fleet:		4

Phone Number: 530-233-5131

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> FT </p>
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

679	Total number of responses	679	Total number of transports
471	Number of emergency responses	471	Number of emergency transports
208	Number of non-emergency responses	208	Number of non-emergency transports

Air Ambulance Services

Total number of responses	_____	Total number of transports	_____
Number of emergency responses	_____	Number of emergency transports	_____
Number of non-emergency responses	_____	Number of non-emergency transports	_____

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Modoc **Provider:** Surprise Valley Hospital District **Response Zone:** 2
Address: P O Box 246 **Number of Ambulance Vehicles in Fleet:** 2
Cedarville, CA 96104
Phone Number: 530-279-6111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

88	Total number of responses	88	Total number of transports
44	Number of emergency responses	44	Number of emergency transports
44	Number of non-emergency responses	44	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Plumas Provider: Chester Fire Response Zone: 1

Address: P O Box 177 Number of Ambulance Vehicles in Fleet: 3

Chester, CA 96020

Phone Number: 530-258-3456 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

280	Total number of responses	280	Total number of transports
189	Number of emergency responses	189	Number of emergency transports
91	Number of non-emergency responses	91	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County:	Plumas	Provider:	Eastern Plumas District Hospital	Response Zone:	5
Address:	500 First Avenue Portola, CA 96122	Number of Ambulance Vehicles in Fleet:		5	
Phone Number:	530-832-4277	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		2	

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue			

Transporting Agencies

1071	Total number of responses	1070	Total number of transports
683	Number of emergency responses	682	Number of emergency transports
388	Number of non-emergency responses	388	Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Plumas **Provider:** Peninsula Fire **Response Zone:** 2
Address: 801 Golf Club Road **Number of Ambulance Vehicles in Fleet:** 2
Lake Almanor, CA 96137
Phone Number: 530-259-2309 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT <input type="checkbox"/> Water
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

147	Total number of responses	147	Total number of transports
134	Number of emergency responses	134	Number of emergency transports
13	Number of non-emergency responses	13	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Plumas **Provider:** Plumas District Hospital **Response Zone:** 4
Address: 1065 Bucks Lake Road **Number of Ambulance Vehicles in Fleet:** 3
Quincy, CA 95971
Phone Number: 530-283-2127
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

813	Total number of responses	812	Total number of transports
491	Number of emergency responses	491	Number of emergency transports
322	Number of non-emergency responses	321	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Reporting Year: 2013

County:	Plumas	Provider:	South Lassen Ambulance	Response Zone:	3
Address:	710 Ash Street	Number of Ambulance Vehicles in Fleet:		1	
Phone Number:	Susanville, CA 96130	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1			

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

UNAVAILABLE	Total number of responses	UNAVAILABLE	Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Sierra **Provider:** Downieville Fire **Response Zone:** 1
Address: P O Box 25 **Number of Ambulance Vehicles in Fleet:** 4
Downieville, CA 95936
Phone Number: 530-289-3201 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

108	Total number of responses	66	Total number of transports
30	Number of emergency responses	20	Number of emergency transports
78	Number of non-emergency responses	46	Number of non-emergency transports

Air Ambulance Services

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

County: Trinity Provider: Southern Trinity Area Rescue Response Zone: 3
 Address: P O Box 4 Number of Ambulance Vehicles in Fleet: 2
 Mad River, CA 95552
 Phone Number: 707-574-6613 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

75 _____ Total number of responses
 62 _____ Number of emergency responses
 13 _____ Number of non-emergency responses

74 _____ Total number of transports
 61 _____ Number of emergency transports
 13 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Reporting Year: 2013

County: Trinity

County: Trinity

Provider: Trinity Center / Coffee Creek

Response Zone: 2

Address: P O Box 346

P O Box 346

Number of Ambulance Vehicles in Fleet:

7

Phone

Number: 530-286-2270

**Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:**

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

43 Total number of responses

Total number of responses	43
Number of emergency responses	40
Number of non-emergency responses	3

43	40	3
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Total number of transports
Number of emergency transports
Number of non-emergency transports

Air Ambulance Services

Total number of responses	
Number of emergency responses	
Number of non-emergency responses	

Total number of transports
Number of emergency transports
Number of non-emergency transports

Reporting Year: 2013

Phone Number: 530-623-2500

Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

TABLE 9: FACILITIES

Reporting Year: 2013
County: Glenn

Facility: Glenn Medical Center Telephone Number: 530-934-1800
Address: 1133 W Sycamore St
Willows, CA 95988

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Lassen

Facility: Banner-Lassen Medical Center Telephone Number: 530-252-2000
Address: 1800 Spring Ridge Drive
Susanville, CA 96130

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Modoc

Facility: Modoc Medical Center Telephone Number: 530-233-5131
Address: 225 W. McDowell Ave
Alturas, CA 96101

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ EDAP² PICU³	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013

County: Modoc

Facility: Surprise Valley Health Care District

Address: 741 North Main St

Cedarville, CA 96104

Telephone Number: 530-279-6111

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alternative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<table> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No								

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Plumas

Facility: Eastern Plumas Health Care
Address: 500 1st Avenue
Portola, CA 96122
Telephone Number: 530-832-6500

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Plumas

Facility: Plumas District Hospital
Address: 1065 Bucks Lake Road
Quincy, CA 95971

Telephone Number: 530-283-2121

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Plumas

Facility: Seneca District Hospital Telephone Number: 530-258-2648
Address: 130 Brentwood Drive
Chester, CA 96020

Written Contract:	Service:		Base Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013
County: Sierra

Facility: Western Sierra Medical Clinic Telephone Number: 530-289-3298
Address: 209 Nevada Street
Downieville, CA 95936

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency <input type="checkbox"/> Clinic	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Reporting Year: 2013

County: Trinity

Facility: Mountain Community Healthcare District Telephone Number: 530-623-5541
 Address: 60 Easter Avenue
 Weaverville, CA 96093

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center ¹ EDAP ² PICU ³		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Glenn

Training Institution:		Absolute Safety Training @ Glenn Medical Center		Telephone Number:		Dan Layne 530-521-6520	
Address:		1133 W Sycamore Willows, CA 95988					
Student Eligibility*:	Open Current	**Program Level	EMT & Paramedic				
	CPR	Cost of Program:					
		Basic:	EMT \$750 Paramedic \$8,000				
		Refresher:	N/A				
		Number of students completing training per year:					
		Initial training:		EMT 20		Paramedic 30	
		Refresher:		N/A			
		Continuing Education:					
		Expiration Date:		8/1/2014			
		Number of courses:					
		Initial training:		EMT 20		Paramedic	
		Refresher:		Students		1 Class (30 students)	
		Continuing Education:					

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Lassen

Training Institution:	Lassen Community College		Telephone Number:	Jennifer Kraushaar 530-257-6181
Address:	P O Box 3000 Susanville, CA 96130			
Student Eligibility:	Open Current CPR, FR Course or Current FR Certification	Cost of Program:	Program Level	EMT
	Basic: \$350	Number of students completing training per year:		
	Refresher: \$100	Initial training:	20	
		Refresher:	10	
		Continuing Education:		
		Expiration Date:	11-1-2014	
		Number of courses: 2		
		Initial training:	1	
		Refresher:	1	
		Continuing Education:		

TABLE 10: APPROVED TRAINING PROGRAMS

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Modoc

Training Institution:	Modoc Medical Center	Telephone Number:	Renee Sweet 530-233-1272
Address:	228 West McDowell Alturas, CA 96101		
Student Eligibility:	CPR	Program Level	EMT
	Cost of Program: \$100 + Book		
	Basic: <input checked="" type="checkbox"/>	Number of students completing training per year:	
	Refresher: <input type="checkbox"/>	Initial training:	10
		Refresher:	
		Continuing Education:	
		Expiration Date:	1/15/2018
		Number of courses:	
		Initial training:	1
		Refresher:	
		Continuing Education:	

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Plumas

Training Institution:		Feather River Community College		Judy Mahan	
Address:		570 Golden Eagle Ave		530-283-0202	
		Quincy, CA 95971		ext. 235	
Student Eligibility:	Open Current CPR	Program Level	EMT		
Cost of Program:		Number of students completing training per year:			
Basic: \$230		Initial training: 40			
Refresher:		Refresher:			
		Continuing Education:			
		Expiration Date: 08-16-2014			
		Number of courses: 2			
		Initial training:			
		Refresher:			
		Continuing Education:			

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Trinity

Training Institution:	Shasta College Outreach		Telephone Number:	Serena Brown 530-351-4439
Address:	P O Box 6006 Redding, CA 96009			
Student Eligibility:	Open	Program Level	EMT	
	Cost of Program:	Number of students completing training per year:		
	Basic: \$350	Initial training: 30		
	Refresher: Yes	Refresher: 20		
		Continuing Education: 0		
		Expiration Date: 09/16/2014		
		Number of courses: 2		
		Initial training: 1		
		Refresher: 1		
		Continuing Education: 0		

Training Institution:	Southern Trinity Area Rescue		Telephone Number:	Brooke Johnston 707-574-6616
Address:	P O Box 4 Mad River, CA 95552			
Student Eligibility:	Open to general public Current CPR	Program Level	EMT-1	
	Cost of Program:	Number of students completing training per year:		
	Basic: EMT \$60	Initial training: 12-20		
	Refresher: None	Refresher: Yes		
		Continuing Education: 11/19/17		
		Expiration Date: 01/17/2017		
		Number of courses: EMT-1		
		Initial training: 1		
		Refresher: 1		
		Continuing Education: Yes		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Northern California EMS, Inc

Reporting Year: 2013

County: Trinity

Training Institution:	Trinity County Life Support		Telephone Number:	Robert Bryant 530-623-2500
Address:	610 Washington St Weaverville, CA 96093			
Student Eligibility:	Open CPR EMT	Program Level AEMT		
	Cost of Program:	Number of students completing training per year:		
	Basic: \$500	Initial training:	4	
	Refresher:	Refresher:		
		Continuing Education:		
		Expiration Date:	09/16/2014	
		Number of courses: 2	1	
		Initial training:		
		Refresher:		
		Continuing Education:		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS

County: Glenn

Reporting Year: 2013

Name, address & telephone:		PRIMARY: Glenn County Sheriff's Office 543 W. Oak St, Willows, CA 95988		Contact: Larry Jones, Sheriff/Coroner 530-934-6431	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other CPR Certified		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone:		SECONDARY: Enloe Medical Center 1531 Esplanade Chico, CA 95926		Contact: Bob Kiutu 530-332-7371	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 17 EMD Training 0 EMT-D 0 ALS 2 BLS 0 LALS 5 Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Non-profit hospital	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

Name, address & telephone:		SECONDARY: Willows Fire Department 445 S. Butte St Willows, CA 95988		Contact: Wayne Peabody, Fire Chief 530-934-3322	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 10 BLS		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: Non-profit hospital	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Number of Ambulances: 0	

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Lassen

Reporting Year: 2013

Name, address & telephone: PRIMARY: Susanville Interagency Fire Center 1491 5 th St, Susanville, CA 96130				Primary Contact: Rob Cobb 530-257-5575	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 1 BLS 0 LALS 5 Other: AED/FR		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal Number of Ambulances: 0		

Name, address & telephone: Mountain Life Flight PO Box 711 Susanville, CA 96130				Primary Contact: John Honey 530-257-0249	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 4 ALS 1 BLS 0 LALS 0 Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Air Medical	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Air Ambulance: 1 rotor & 1 fixed wing aircraft		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Modoc

Reporting Year: 2013

Name, address & telephone:		Modoc County Sheriff's Office PO Drawer 460 – 102 So Court St Alturas, CA 96101		Primary Contact: Mike Poindexter, Sheriff 530-233-4416	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 4 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: E.M.S.	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		
		Number of Ambulances: 6 Fire Department: 14 PSAP for County			

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Plumas

Reporting Year: 2013

Name, address & telephone:		PRIMARY: Plumas County Sheriff's Office 1400 East Main St Quincy, CA 95971		Primary Contact: Becky Grant 530-283-6375	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 9 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	Number of Ambulances: 0 If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone:		SECONDARY: Eastern Plumas Healthcare District 500 First Avenue Portola, CA 96122		Primary Contact: Steve Waldeck 530-832-6586	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 15 BLS 0 LALS 6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	Number of Ambulances: 2 If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone:		SECONDARY: Plumas District Hospital 1065 Bucks Lake Road Quincy, CA 95971		Primary Contact: Cheryl Pini 530-283-2121	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 6 Other: RNs		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Hospital Dist.	Number of Ambulances: 3 If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Sierra

Reporting Year: 2013

Name, address & telephone:		Sierra County Sheriff's Office PO Box 66 100 Courthouse Square Downieville, CA 95936		Primary Contact: John Evans, Sheriff 530-289-3700	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 5 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

TABLE 11: Dispatch Agency

EMS System: Northern California EMS, Inc.

County: Trinity

Reporting Year: 2013

Name, address & telephone: Trinity County Sheriff's Office PO Box 1228 101 Memorial Way Weaverville 96093		Primary Contact: Bruce Haney, Sheriff 530-623-3740	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: 0 EMD Training 0 EMT-D 0 ALS 0 BLS 0 LALS 14 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Number of Ambulances: 0

EMS PLAN

AMBULANCE ZONE SUMMARY FORMS

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: <div style="text-align: center;">Northern California EMS, Inc./ Glenn County</div>
Area or Subarea (Zone) Name or Title: <div style="text-align: center;">Zone 1</div>
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> <div style="text-align: center;">Westside Ambulance</div>
Area or Subarea (Zone) Geographic Description: <div style="text-align: center;">All of Glenn County north of County Road 33</div>
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): <div style="text-align: center;">Exclusive</div>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> <div style="text-align: center;"> Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response BLS Non-Emergency Service Standby Service with Transportation Authorization </div>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> <div style="text-align: center;">Grandfathered</div>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Glenn County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Enloe Hospital Emergency Services
Area or Subarea (Zone) Geographic Description: All of Glenn County south of County Road 33
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

[illegible]

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 1 (Central, West and East County Areas)</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">SEMSA</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Refer to map</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;"> Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response ALS Ambulance Emergency Interfacility Transfers </p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">Competitively determined by RFP process</p>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc. / Lassen County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 2 (North County Area)</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Mayers Memorial Hospital Ambulance (western extreme) since approximately 1974 Modoc Medical Center Ambulance (east-central) since the 1940s Surprise Valley Hospital Ambulance (eastern extreme)</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">North: Lassen-Modoc County Line East: Nevada State Line South: Intersection of Highway 139 & Termo Grasshopper Road and following Termo Grasshopper Road to intersection of Prairie Drive West: Lassen-Shasta County Line</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

The map illustrates the service areas for ambulance services in Lassen County, California. The county is divided into three primary zones, each highlighted with a black border:

- Lassen County Zone 2:** Located in the northwest, this zone includes the area around Susanville and Marysville.
- Modoc Medical Center:** Located in the central part of the county, this zone covers the area around Colusa and Marysville.
- Lassen County Zone 1 (Sierra Medical Services Alliance/SEMSA):** Located in the southeast, this zone covers the area around Susanville and Marysville.

The map also shows major highways (99, 44, 139, 447), cities (Susanville, Marysville, Colusa, etc.), and geographical features like Lassen National Forest and Pyramid Lake Indian Reservation. Surrounding counties like Shasta, Butte, and Sierra are also labeled.

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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Last Frontier Health Care District (Modoc Medical Center)
Area or subarea (Zone) Geographic Description: North on Hwy 139 from S/R 299 in Canby to C/R 91 intersection. South on C/R 91 to C/R 85 intersection (Stone Coal Valley Road-West). S/R 299 Westbound from C/R 84 to C/R 86 in the Round Valley area east of Adin. All areas of C/R 84 from S/R 299, westbound to C/R 91. All areas of C/R 85 (Stone Coal Valley Road) westbound to C/R 91. South of Alturas on Highway 395 to Termo-Grasshopper Road (Lassen C/R 515) in Lassen County. Westbound on Termo-Grasshopper Road to Westside Road. Northbound on Westside Road to Holbrook Reservoir on Lassen C/R 527 (Ash Valley Road-East) and to the MMC Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Surprise Valley Healthcare
Area or subarea (Zone) Geographic Description: Eastern extreme of Modoc County—see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

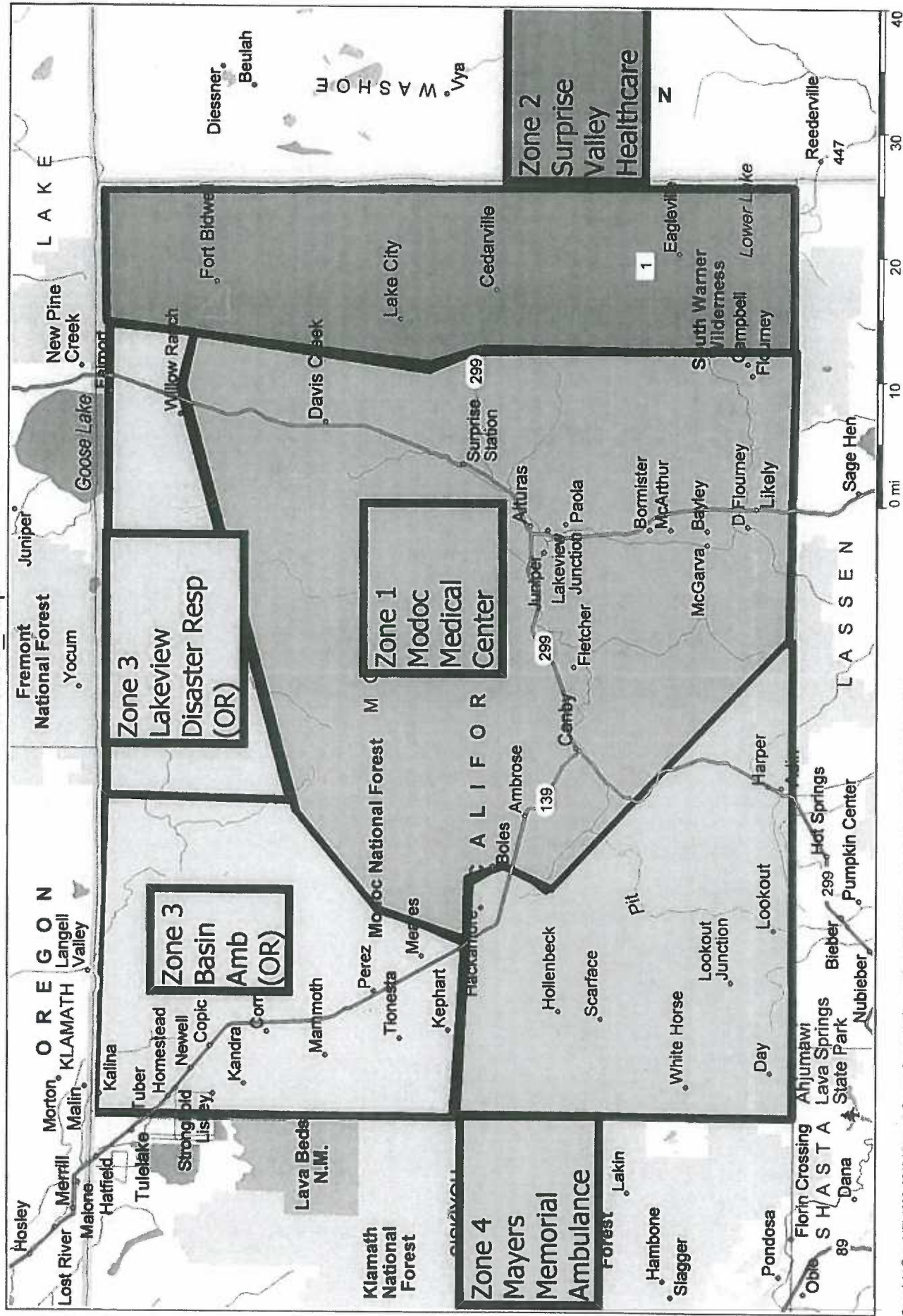
Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Basin Ambulance and Lakeview Disaster Response (Oregon)
Area or subarea (Zone) Geographic Description: Northwest Modoc County – see map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Modoc County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Mayers Memorial Hospital
Area or subarea (Zone) Geographic Description: S/R 299 at Big Valley Summit east bound through the Town of Adin to C/R 86 in the Round Valley area. East of Adin on C/R 88 (Modoc) / C/R 527 (Lassen) on the Ash Valley Road to Holbrook Reservoir. South of the Town of Adin on Hwy. 139 to the Willow Creek USFS Campground. C/ R 87 west bound from the Town of Adin to C/R 91 in Lookout Rural. C/R 91 north from S/R 299 in the Town of Bieber to the intersection of C/R 85 (Stone Coal Valley Road -West). All area(s) west of C/R 91 to the Mayers Ambulance normal response area.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

Modoc_Map



**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County	
Area or Subarea (Zone) Name or Title: Zone 1	
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Chester Fire Protection District	
Area or Subarea (Zone) Geographic Description: North: Lassen National Park including Highway 89 to Summit Lake. East: SR 36 to Johnson's Grade South: SR 89 to the area of Rocky Point Campground Southwest: SR 32 Southwest to Highway 32 at the Tehama/Butte County line West: SR 36 to the SR 89 (north) intersection. And wilderness areas most accessible by ground from those corridors	
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A	
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Peninsula Fire Protection District
Area or subarea (Zone) Geographic Description: <u>Peninsula Primary Response Area</u> East: Highway 36 to the Lassen County line West: Highway 36 to the top of Johnson's Grade North: Lassen County line – wilderness area. South: Highway 147 to the area of Highway 89
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Plumas County
Area or subarea (Zone) Name or Title: Zone 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. South Lassen Ambulance
Area or subarea (Zone) Geographic Description: Greenville and areas surrounding Greenville
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Plumas District Hospital Ambulance
Area or subarea (Zone) Geographic Description: North: Highway 89/70 junction at the Greenville Wye West: Highway 70 to the Butte County Line East: Highway 70/89 to Mt. Tomba on the east end of Crombert West: Quincy Oroville Highway to the Butte County Line Southwest: La Porte Rd. to just North of Little Grass Valley (seasonal)
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Emergency Ambulance 9-1-1 Emergency Response 7-Digit Emergency Response
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Plumas County
Area or subarea (Zone) Name or Title: Zone 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Health Care Ambulance
Area or subarea (Zone) Geographic Description: The Eastern Plumas Hospital District has the capabilities to extend its service area, but it is bordered on the north, east and south by the county boundary and on the west by two other hospital districts, which will prevent expansion.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-Exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

[illegible]

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downieville Fire Department Ambulance
Area or subarea (Zone) Geographic Description: North: To the Plumas County Line East : SR 49 to Yuba Pass South: To the Nevada County Line west of Jackson Meadows; To Bald Ridge from Jackson Meadows east to Coppins Meadow West: To the Yuba and Plumas County Lines And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Sierra County
Area or subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Eastern Plumas Healthcare Ambulance
Area or subarea (Zone) Geographic Description: North: Approximately 10-15 miles north of French Men Lake East : To Hwy 70/395 South: To Hwy 89 to Little Truckee Summit at Weber Lake Interchange West: To Yuba Gap Hwy 49, Plumas/Sierra County Line on Hwy 70 And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if Applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>Competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Sierra County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Truckee Fire Protection District</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p>North: Water drainage basin that empties into Stampede Reservoir accessed by USFS roads 07/450/860</p> <p>East: Water drainage basin that empties into Stampede Reservoir (crossing USFS road 860/72 intersection)</p> <p>South: Nevada/Sierra County line</p> <p>West: Nevada/Sierra County line up to the USFS 07 Road</p> <p style="text-align: center;">And wilderness areas most accessible by ground from those corridors</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

The map displays the geographical layout of Sierra County, California, divided into three distinct zones. Zone 1, located in the north-central part of the county, is labeled 'Sierra County Zone 1 (Downieville)'. Zone 2, situated in the central-eastern region, is labeled 'Sierra County Zone 2 (EPHC Amb)'. Zone 3, located in the southern part of the county, is labeled 'Sierra County Zone 3 (Truckee FPD)'. The map shows major roads including State Route 89, State Route 49, and State Route 20. Various towns and landmarks are marked, such as Downieville, Marysville, Lake City, and the Plumas National Forest. The map is oriented with North at the top.

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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc. / Trinity County
Area or Subarea (Zone) Name or Title: Zone 1
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small> Trinity County Life Support
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: SR 299 and SR3 to Shasta and Siskiyou County Lines South: SR 3 and SR 36 to the Forest Glen/South Fork area West: SR 299 to the Cedar Flat Bridge; Hyampom Road through Hyampom And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small> N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> N/A

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Coffee Creek VFD Trinity Center VFD
Area or Subarea (Zone) Geographic Description: North: SR 3 to Scotts Mountain Summit East: Shasta and Siskiyou County Lines South: SR 3 at Cedar Stock Road West: Ridgeline beyond Josephine And wilderness areas most accessible by ground from those corridors
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 3 – STAR (Southern Trinity Area Rescue)</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Southern Trinity Area Rescue</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">See attached map and specific response locations</p> <p>Describe Area</p> <p>North: South Fork Mountain Ridge to Humboldt County Line</p> <p>South: Mendocino County line to include Yolla Bolly Wilderness and Kettenpom/Zenia areas.</p> <p>East: Hwy 36 to Shasta County Line</p> <p>West: Hwy 36 to Deer Field Ranch – mile market 29.2</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Northern California EMS, Inc./ Trinity County
Area or Subarea (Zone) Name or Title: Zone 4 - Hoopa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specific area or subarea. Hoopa Ambulance
Area or Subarea (Zone) Geographic Description: Extreme western Trinity County. Western 14 miles of Highway 299
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85): Non-exclusive
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc). N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>Grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Northern California EMS, Inc./ Trinity County</p>
<p>Area or Subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone 5</p>
<p>Name of Current Provider(s):</p> <p><small>Include company name(s) and length of operation (uninterrupted) in specific area or subarea.</small></p> <p style="text-align: center;">Hyampom C.S.D.</p>
<p>Area or Subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Describe Area</p> <p>North: Grapevine Creek Road to Corral Bottom Road</p> <p>South: Corral Bottom Road to Hyampom Road</p> <p>East: Hyampom Road to NF-3N10</p> <p>West: NF-3N10 to Grapevine Creek Road</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):</p> <p style="text-align: center;">Non-exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</p> <p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS or Combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc).</small></p> <p style="text-align: center;">N/A</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p><small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">N/A</p>

Trinity_Map

